HEFFI ERAL DIRECTOR.

THE FILLERAL DIRECTOR STREET,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12	TAN PRAR		MED	ICAL EXAMIN	NER'S C	ERTIFICAT	E OF DE	ATH,	REG RO	6	1	1
	ECEASED NAM	-		MIDDLE		LAST		20. DATE I	NOWN XX MO	NTH DAY	YEAR	2b HOUR
		Jeffr	ey A		Ayre	S		DEATH	MATED	/19	19 87	014
3. SE	Х	4 RACE	5 DATE OF BIRTH	YEAR LAST BIRTHE			NDER 24 HRS	2c DATE	MON			2d HOUR
I	Male	Black	6/14/62	25 y	R5.	S DAYS HOU	RS MIN.	PRONOUN DEAD	CED July	19	19 87	014
	SIRTHPLACE (S	TATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRII	D NEVER M	ARRIED PA	9 BALTIM	ORE CITY OR CO	UNTY OF	DEATH	
1	Maryla		U.	S.	WIDOW	ED DIV	ORCED		omico			MD
	alisbu		JE NOT IN SUCH FACE	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS) I a Gener			FOI	MALOCCUP MOST OF WORK DOTET		ORK 12b K	IND OF BU	
13a	AL RESIDENCE STATE Arylan	136 COUN	R OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 131. CITY OR TOWN SNOW HIL	(NOIS	13d INSIDE CITY LIM		REET ADDRES		9	186	3
14. F	CI Ift		yres, Jr	LAST		15. MOTHER'S M			Becket	t	LAST	
	WAS DECEASE	DEVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECURIT		17. INFORMANT			ADDRESS			
	NO	11123,0112		212-82-	4924	Moth	er	sa	me			
1	18. CAUSE C	EATH WAS CAUSED	ly ane cause per line for BY: E CAUSE (a)		Trem	ens					APPROXIMATE WEEN ONSET	
			DUE TO, OR A	S A CONSEQUENCE			-					100
		ns, if any, which) (b) Ch	ronic Al	coho	lism					?	
	cause (a lying cau) stating the <u>under-</u> use last.	DUE TO, OR A	S A CONSEQUENCE	OF							
,	PART 2 DTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH RU	IT NOT RELATED TO THE TERM	MINAL DISEASE	DR CONDITION GIVEN	IN PART 1 : a					
CERTIFICATION	IA DAYS OF	000000000000000000000000000000000000000										
ICA.	190. DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?				20	AUTOPSY?	
E	21a EYTERN	AL CAUSE WAS	21b. TIME OF I	ALILIDY	In. uc		10050				YES 🖾	NO 🗌
CALCE	UNDERLYING		HOUR A.M.	MONTH DAY YEA	IR ZIT HC	W INJURY OCC	OKKED (ENIE)	NATURE OF INJU	JRY IN ITEM 18 PART 1 (OR PART 2)		
MEDICAL	21d INJURY C			FINJURY (AT HOME,	21f LOC	ATION	4	CITY OR TOW	161	COUNTY		STATE
1	AT WORK	NOT WHILE			1 1			C117 OK 1011		000411		JIATE
	220 1 certs		F-	ibed abave, held an	Autaps	y K. Insp	ection X.	Inquiry		ny apinian		
	deam result	~ D	or cooses 21,	(a d	viciae 🔲 ,	TITLE (SPECIF		rermined mai	nner,			
	ACTUAL SIGNATURE	Those	ias C k	ulf on	<u>*</u> M.	Deputy	_	DICAL EXAM	INER SH	ATE 7	/20/	87
	EXAMINER'S (TYPE OR PRI	NAME Thom	as C. Hi	11, Jr.	M.D.,	DDRESS Pil	ne Bl	uff R	d., Sai	lisb	urv.	Md.

07/B4 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

(VR A15 ME (5))

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2" HOWRS AFTER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM TB. GIVE PARAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCON, WITH FOR TO PENCIL EXAMINER ALCON, WITH FOR THE PROBLEM SET SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PARES AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENIC, DIVISION BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

DHMH - 17

230. BURIAL, CREMATION, REMOVAL 230 DATE 1585 CEV) 24. FUNERAL DIRECTOR 230 DATE 25-87

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OR TOWN

JUL 23 1987



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH GISTRAR ECLASED NAME FIRST 20. DATE OF DEATH MONTH 2b HOUR CTYPE CHIPMINGS AGE (IN YEARS LAST BIRTHDAY) 1:5EX RACE Mar. 26, 1890 White Male TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U. S. A. WICOMICO WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) SALIS BURY Farmer Grain 4) ICOMICO NURSING USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 21837 Church Street Maryland Wicomico Mardela YES X NO T 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME 31DDIM Cadmus Bailev Mary Reddish ADDRESS Rt. #12 Box 116 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Salisbury, Md. 21801 219-01-1950 Allen D. Bailey 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive anand that in (my) (aur) apinian death accurred an the date and haur and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN [DIRECTOR

230 BURIAL, CREMATION, REMOVAL Burial

THE PHYSICIAN'S NAME

23c. NAME OF CEMETERY OR CREMATORY Mardela Cemetery

23d LOCATION Mardela Wicomico Maryland

24 FUNERAL DIRECTOR

CER

Short Funeral Home Delmar, Delaware 19940

7-28-1987

236 DATE

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Market Company

Anta Care

To USA

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STATE OF MARYLAND

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EPARTMENT	OF	HEAL	HT.	AND	MENTAL	HYGII
CE	RTI	FICA	ATE	OF	DEATH	

7	1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYO	GIENE REG. NO	1619	
148 JUL 2	1 0	LEASED NAME FIRST		MIDDLE	d	A51	TO DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
o e e e e e e e e e e e e e e e e e e e	(TMPE	*ORPRINT)	_		13	ARBER	July 10 1	987 1820.	
page 3	3. SE	HERMAN I	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
offe,					MONTH			MONTHS DAYS HOURS MIN.	
Page 4 m director, p hours after	7a B1	Male RTHPLACE STATE OR FOREIGN	Caucas	WHAT COUNTRY?	Oct	15, 1905	9 BALTIMORE CITY OR COU		
th.	1	COUNTRY)		WHAT COOKING.		NEVER MARRIED	Wicomico	THE COURT OF SEATH	
he funeral within 72 h	S	. Carolina	USA	HOSDITAL MILIOSINI	WIDOWE	D DIVORCED DIVORCED	12a USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR	
offer of the			Peninsula General Hos				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
filed #						Picar	Textile Eng	. Nylon Plant	
4 hour	13a. S	AL RESIDENCE (IF NURSING HOME OR 13b. COUN		13t. CITY OR TOW		136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE AMAG	
1 11 96	D	elaware Sus	sex	Laurel		YES NO	403 Central	Ave 99997	
1 100	14. FA	ATHER'S NAME	MODLE	LAST		15. MOTHER'S MAIDEN NA	ME	LAST	
1 # 10	6	Samuel J. Bar		EM31		Maggie		illis	
	160 V	VAS DECEASED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	el DE 19956	
112	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	223: 03	7760	Ida R. Ba	rber 403 Cen	tral AVA	
physicion popers. F movol.						L Tua N. Da	THET 407 CEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
death certificate by ottending physician ave corbon papers. ation, ar remayol. roumatic event, the		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED		Mextast	MAL	(d 1	Anna	BETWEEN ONSET AND DEATH	
5 50 0 0		IMMEDIAT	E CAUSE (o)	1/11/1 0/10	VVVC	LA CANC	WIVE		
the death ce the ottendin remave corb ematian, ar i er traumatic			DUE TO, C	R AS A CONSEQUE	NCE OF				
e de movemonto		Conditions, if ony, which gove rise to immediate	(b)_						
if the deat y the otten e remave c cremation, ther troum		couse (a), stating the underlying couse lost	DUE TO, C	R AS A CONSEQUE	NCE OF				
gned by in please burial, cr.			((c)_						
op op op	N O	PART 2. OTHER SIGNIFICANT C	onditions <u>c</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110	
beer prior	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED	
hos hos	Ĕ						YES T NOT	RTIFYING CAUSES OF DEATH?	
N: The linysicion.	1 👸	21a. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		
SICIAN ng phy certific uriol-fre entol h		OR CONTRIBUTING CAUSE OF DEA	In .	.M. MONTH DA					
HYSICIA Iding ph Ins certifi burial-t Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		.M. OF INJURY	19	211 LOCATION			
G PH offen offen ond ked o	A.	WHILE NOT WHILE		REET, FACTORY OFFICE, F.	ARM ETC]	STREET	CITY OR TOWN	COUNTY STATE	
or of after of or		AT WORK AT WORK			Λ	MIN 3 10 5	2. Marker Ir	2 2 7 1	
DR. DR. Hed		.22a.1 certify that (1) (this hospit sow the deceased alive on.	7/	0 10	1-		death occurred on the slate and	how and from the course stated	
ATT OSPITOSPITOSPITOSPITOSPITOSPITOSPITOSPIT		obove, (I) (we) (did) (did not 22b, SIGNATURE	view the body	ofter death.	1/		dedili decorred di la cond		
OR A DIRE ached Dept		ZZD. SIGNATURE			. 1	DEGREE ATTENDING	MEDICAL STAFF	22c. DAVE SIGNED	
md as		W. William	2		11	PHYSICIAN &	DIRECTOR PHYSICIAN	1110/87	
HOSPITAL FUNERAL VId be der orthe Store		22d. PHYSICIAN'S HAME (TYPE OF	1.			22e ADDRESS	10 (1 (0 1	
TO HOSPITA retoined by TO FUNERA should be de with the Stot		JOSEPH N	. 64	CASSO	17.19	145 E. La	moll st	wills ling mo	
7 5 ± 2 3 ₹	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE	
BP		hurial	7/13	/87 Ind	d Fe	llows Cem.		ssex Delaware	
3HMH 916 60M 7/84	24 FI	JNERAL DIRECTOR		ADDRESS		956	E REGIDERY REGISTRAR 256. REG	GISTRARIS SIGNARIRE I	
(VRA 15, 4)	H	omer I. Disha	roop h	nox 678		0.0	1 1 1001	Dendern-Readness	

requires that the death certifica

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etained by the hospital or attending physician.

06049

JUL

al director, page,3 9

STATE OF MARYLAND

1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND CERTIFICATE OF		/ REG. NO.	10	2 0	
3 co	EASED NAME FIRST	MIDDLE	Roser#	20. D		19-C7	AR 2b HOU	R
3. SE.	× 2419	4 RACE	5. DATE OF BIRTH	6. AC	GE (IN YEARS LAST BIRTHE	DAY) IF UNDER	YEAR IF UNDER	24 HRS
	Female	White	May 31	1905	82	YRS.	DAYS HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BA	ALTIMORE CITY OR		гн	
	Md	U.S.		NORCED W	icomico_			MD.
1.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Gener	ET ADDRESS)		USUAL OCCUPATION E OF WORK FOR MOST OF Y		ND OF BUSINE STRY	SS OR
	AL RESIDENCE (IF NURSING HOME OR STATE 13 COUN			ATY LIMITS? 13e.S	Street Address / F	IP CODE	2185.	3
14. F/	ATHER'S NAME Wesley	Beauch	15. MOTHER	S MAIDEN NAME	WIOOFE	6	LAST	
	VAS DECEASED EVER IN U.S. AR/ YES. NO OR UNKNOWN) (IF YES. GIVE	MED FORCES? 16b. SOCIAL SEC E WAR OR DATES) 213-22	CURITY NO. 17 INFORM.	nor Rarret	ADDRESS	A A OO	ma	21 85
ION	PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	VENCE OF	O TO THE TERMINAL	disease or condi	0.61	PPROXIMATE INTER WEEN ONSET AND	DEATH
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFO			20b IF YES, WERE F IN CERTIFYING CA YES []		
MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED	NIA .	DAY YEAR 19 211 LOCATI		ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPA	RT 2)	
MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE			COT OR TOWN	COUN	TY 51	TATE
	270.1 certify that (1) (this haspit sow the deceased alive on above. (1) (well (did) (did not 276 SIGN) TURE 274. PHYSICIAN'S NAME (TYPE OF DEUTIL)	t) view the body olter death.	DEGREE M 22e ADDRE	ATTENDING AME PHYSICIAN DIR	Occurred on the dote	220	L, that (I) (wan the couses sto DATE SIGNED	
23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	Beech was	CREMATORY 23	PENT OF TOWN	Some	ret 1	ate vid

DHMH - 16 60M 7/84

BP.

IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy should be detached for use as the burial-transit permit. Then please remove corban powith the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or rema

(VRA 15, 4)

24 FUNERAL DIRECTOR ames L. Hinman Pe Anne, Md

250. DATE RECD. BY REGISTRAR 350, REGISTRAR'S SIGNATURE, Julia 22 1987 Julia Distribut. Kandara

STATE OF MARYLAND

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058018		1	0 52.				E OF MARYLAND			
U. U. U. G. E. N	3 000	-	1 - STATE				HEALTH AND MENTAL HY FICATE OF DEATH	GIENE	1 6 %	
/		1	REGISTRAR DECEASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DEATH	O. MONTH DAY Y	YEAR 26 HOUR
// 1 0	-		(TYPE OR PRINT) Josh		L.	Bran	ahama	141.	4. 1987	7
6 10 00	0	3	. SEX	4. RAC		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		1 YEAR IF UNDER 24 HRS.
70 7	201		Male	Wh	ite	May	12, 1911 YEAR	76	YRS.	DAYS HOURS MIN.
di ig	1/	11	BIRTHPLACE (STATE O		IZEN OF WHAT CO	OLINITOV2 9	NEVER MARRIED	9 BALTIMORE CITY		тн
The same	7	0	Delaware	U.	S. A.	WIDOW		Wicomico		MD.
after the fu	P Z	igh)	CITY OR TOWN OF DI	Pen	AME OF HOSPITAL NOT IN SUCH FACILITY INSULA G	L, NURSING HOME GIVE STREET ADDRESS) ENETAL HOS	or other institution spital	120 USUAL OCCUPAT LIYPE OF WORK FOR MOST C Carpenter	OF WORKING LIFE INDU	IND OF BUSINESS OR USTRY
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ND 3	4	100	30. STATE Delaware	Sussex		ortown Lmar	13d. INSIDE CITY LIMITS?	Rt. #2 Box		Lobert 7
YLA	T S Z		I. FATHER'S NAME		1 170 3		15. MOTHER'S MAIDEN N	AME	200	13340
MAR w page	3	9	John Levin	Beauchamp		LAST	Minnie Hear	middle		LAST
d co	icol		WAS DECEASED EVE			CIAL SECURITY NO.	17 INFORMANT	ADDRI	ESS	
IIMC	The second	SA	rmy Nationa			-09-8821	Irma E. Beau	uchamp (sam	e as above	2)
BALT orte	1 1		18 CAUSE OF DEA	TH (Enter only one WAS CAUSED BY:	cause per line far (o), (b), and (c).)	./		BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
55			PARTI. DEATH	IMMEDIATE CAU		rgeshue	Heart Fai	ilure		
NO.	io o			D	UE TO, OR AS A C	ONSEQUENCE OF	, , ,	1 3-	5	
9	1004	-1	Conditions, if an	nmediate	(b) Atul	rusclerus	c Cordiva.	scular 185	ease	
3 5 €	chec	-	underlying cau		UE TO, OR AS A CO	ONSEQUENCE OF				
201 th	0 0		PART 2. OTHER SIG	ONIFICANT CONDI	TIONS CONTRIBU	TING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART Iro
RDS.	10 11		NO NO	Rhes	mato:d	Althrin	5'5			
0	186	3	190 DATE OF OPER	ATION 19	6 CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F	FINDINGS USED AUSES OF DEATH?
At a line	- 1 -	1	190. DATE OF OPER 210. ACCIDENT WAS U		- 11			YES NO	YES 🗌	NO [
The state of	10/		OR CONTRIBUTIONS	hand .	b. TIME OF INJURY HOUR A.M. MO	NTH DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	ART 2)
N SEC	The state of	7	(IF EITHER NOTIFY ME	DICAL EXAMINER)	P.M.	19				
08 27 4	o pe		21d INJURY OCCU		e. PLACE OF INJURAL HOME, STREET, FACTO		211 LOCATION STREET	CITY OF TO	WN COUN	NTY STATE
Alle of	100		AT WORK AT W	ORK	and all all all all all all all all all al	ed from Ju	4 19 19 87	Z . Jul.	4 10 6	7
Mar as	1 16	- 1	saw the deced	(this hospital) at ised alive on	4144	19 87	nd that in (my) (ac) apinio			Z, thank (we) last
A WAR	100		abave, (I) (Sec)	(did) (tird not) view	the body after dea	oth.	DEGREE			DATE SIGNED
0 1 0	0 2		all.	12.0	uster	m.D	ATTENDING PHYSICIAN	MEDICAL STA		7/4/87
NEW AND	ORTAN	٦	22d. PHYSICIAN'S	AME (TYPE OR PRINT)	/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22e ADDRESS			
5 5	POR H		Allen	11. 1057	TIN		TA MED CENT	No. Pine Bu	IFF RD. S	AUSBURY MD
5.5 5.	1 1 2	2	3a BURIAL, CREMATION	, REMOVAL 23b.	DATE	23c NAME OF	EMETERY OR CREMATORY		CUINTA	STATE
BP			Burial	7.	-7-1987	St. Ste	phens Cemete	ry Delmar	Sussex Del	laware
9990HMH716	60M 7/B4	2	4 FUNERAL DIRECTOR			ADDRESS		ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SI	GNATURE
VRA 1			Short Fune:	ral Home	Delmar	, Delaware	19940	JUL () 8 ma	7 gulia Davi	don-Asnoull

STATE OF MARYLAND

		1	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY	GIENE REG. N	1 5	2 2
6	3 5 6 JUL	305	ASED NAME FILL OR PRINTS	est	MIDDLE E.	Bla	AST .	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 9 10
	o o o o	3. SE		4 RACE	L.	5. DATE C		6. AGE (IN YEARS LAST BIF	THDAY) IF U	NDER 1 YEAR IF UNDER 24 HRS.
	at a store	J. 50	Male		gro	MONTH		73	YRS	THS DAYS HOURS MIN.
-	2 62 601		RTHPLACE (STATE OR FOREM		WHAT COUNTRY?	8		9 BALTIMORE CITY	R COUNTY OF	DEATH
	The state of	M	aryland	U.S.		WIDOWE		WICOMIC		MD.
101	1 2 Part 1		Salisbury	(IF NOT IN SU	HOSPITAL, NURSING CHEACHTY, GIVE STREET A	DDRESS]	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O retired-la	OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY Construction
ND 213	4	13a.	1	OME OR OTHER INSTITUTION COUNTY	136. CITY OR TOWN	٧	13d. INSIDE CITY LIMITS? YES NO 🛣	Route #1,F	ZIP CODE	rove Rd./21849
MARYL	Tab		ATHER'S NAME FIRST Charles	WIDDLE	Blake		15. MOTHER'S MAIDEN NA Ethel	AME	3	Duffy
BALTIMORE,	700			I.S. ARMED FORCES? YES. GIVE WAR OR DATES)	16b SOCIAL SECUR		17. INFORMANT Maxine Britt	ingham s	same as	SELECTION IN
	tending physicia e corban paper on, or removal.		18 CAUSE OF DEATH REPART I. DEATH WAS IMM	DUE TO, C	or As a CONSEQUE	en	of lu	ig.		2 years
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	that the de d by the at ease removal, crematic		gave rise to immedi cause (a), stating	ote	DR AS A CONSEQUE	NCE OF				
ORDS, 20	equires n signed Then pli r to buri	NO	PART 2 OTHE POPULATION	Kuso	n D	ese	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART Ira
AL RECO	he los ber	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		ERE FINDINGS USED IG CAUSES OF DEATH?
OF VIT,	CIAN: 1 shysic articles and Hygin middles and Hy	/1	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	OF DEATH HOUR A	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM TO PART I	ORPART 2)
VISION	the but ond Me but he b	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE	OF INJURY IREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO)WN	COUNTY STATE
O	ADIN COLUMN		22a. I certify that (I) (this		he deceased fram_	7 -	09-8719_8	7.10.7	25, 19	87, that (I) (we) last

BP.

O FUNERAL DIRECTO Yould be deteched for th the State Dept. of the ORTANT, If Bern 21

DHMH - 16 60M 7/B4 (VRA 15, 4)

23b. DATE

saw the deceased alive an abave, (I) (we) (did) (did nat) view the bady after death

22e ADDRESS

DEGREE

Beulah

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

MD

22c. DATE SIGNED

21801

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Burial 7/31/87 Veteran's Cemetery Beulah Dorchester A

FUNERAL DIRECTOR

ADDRESS SALIS., MD 2180 JUL 30 1987

JOLLEY MEMORIAL CHAPELS SALIS., MD 2180 JUL 30 1987 24 FUNERAL DIRECTOR

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2 ad year Librage 4 may be	hed when there of the decide o	3. SE	CEASED NAME E OR PRINT)	FOREIGN 7	RACE W CITIZEN OF N I. NAME OF F	A OSPITAL, NU H FACILITY, GIVE	S. DATE COMONTO	AST ARKE OF BIRTH DAY 11 94 DO NEVER MARRIED DR OTHER INSTITUTION	JULY 1	MONTH DA	176. KIND O INDUSTRY	# UNDER 24 HRS HOURS AIM. MD F BUSINESS OR
ALTIMORE, MARYLAND 212	or Wild completely filled in 1. Pages 3 and 2 should be emedical examine must be	13a.	AL RESIDENCE (IF NURS STATE MD ATHER'S NAME FIRST JAMES WAS DECEASED EVER YES, NO OR UNKNOWN)	TYA. EVER IN U.S. ARM	SKIN- IDDLE ETTE (ED FORCES? WAR OR DATES)	LASI LASI LASI LASI LASI LASI	TOWN	13d INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NA FIRST ANNA B. 17 INFORMANT PENINSULA	RIAL ROA MIDDLE IRKETT ADDRE	ZIP CODE	218	865
, 201 W. PRESTON ST., B.	signed by the ottending physical her please remove condendate to buriol, cremotion, or removal ijury, or other troumotic event.	NO	Conditions, if ony, gove rise to improve (io), stotic underlying cause	MMEDIATE which mediate ig the lost.	BY: CAUSE (o) DUE TO, OF (b) DUE TO, OF	CARIA RASA CONS RASA CONS RASA CONS	EQUENCE OF EQUENCE OF	ANCIECY ON NOT RELATED TO THE TERM	DISEASE	DITION GIVE		MATE INTERVAL
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DHMH - 16 60M 7/84 (VRA 15, 4)

ADDRES5 STATE ANATOMY BOARD

REMOVAL.
24 FUNERAL DIRECTOR

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nay be		James	Harvey	(001	e man	J4/x 2	2 1987	0250 M
F. po	3. SEX	4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR	R IF UNDER 24 HRS
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4 50 86	70. BIRTHPLACE (STATE O		F WHAT COUNTRY?	8. MARRIE	NEVER MARRIED		R COUNTY OF DEATH	
8 36 5	Maryland TO CITY OR TOWN OF DI	U.S		WIDOWE	D DIVORCED A	Wicomico	TIN VINIO	MD. OF BUSINESS OR
1 41 4/		(IF NOT IN	SUCH FACILITY, GIVE STREET	(AOORESS)		(TYPE OF WORK FOR MOST O	DE WORKING LIFE) INDUSTRY	1
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NND 21	130. STATE Maryland	Wicomico	Hebron		13d. INSIDE CITY LIMITS? YES NO	136.STREET ADDRESS	zip code P.O.B nut St.	21830
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BALTIMORE, MARYLAND cate be executed with the opers. Pages of and the opers. Pages of the medical termination of the medical termination of the medical termination.	16a WAS DECEASED EVE	R IN U.S. ARMED FORCES			17 INFORMANT	ADDRE		
IMORE n and c Pages medica	No	(II TES, ONE WAR ON DATES	218-48-	7132	Tina Via, P.	0. Box 27,		21830
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN The Go man that the death certification has been lighted by the attending phase is the burial-from the men and the common of the burial-from the men of burial, cremation, or remonded them 8 house may man at other traumatic even or kedac them.	Conditions, if on gove rise to in couse (o), story underlying counderlying counderl	y, which mediate fing the se last. (c). GNIFICANT CONDITIONS	OR AS A CONSEQU	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1 20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
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JOF VII.	OD CONTRIBUTION	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
NG PHY: ottendin ter this ss the bu	(IF EITHER NOTIFY ME 21d. INJURY OCCU WHILE NOT NAT WORK AT WORK	WHILE T	STREET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET	CITY OR TO	OUNIY	STATE
ENDI tof an OR: A ruse Heal		(1) (this hospital) attended ased alive an (did) (did not) view the b		87%	nd that in (my) (our) opinion	death occurred on the de	ote and hour and from the	e couses stated
NI OR ATT the hospin AL DIRECT te Dept of te Dept of	22b. SIGNAT	2 /	16	n	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF	ESIGNED
O HOSPITAL etained by 11 TO FUNERAL should be der with the Stote MAPORTANT:	22d. PHYSICIAN'S	NAME (TYPEORPRINT)	to		The ADDRESS THE			
5 € 5 € ¥ ₹	23a. BURIAL, CREMATION	N, REMOVAL 23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP	(SPECIFY) Buri	al 07-30	0-87 W	eslev	Chapel Cemete			MD
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR		ADORESS		25a. DAT	ALG 3 400	25b. REGISTRAR'S SIGNA	TURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	FOR STATE SISTRAR	DEPARTA	MENT OF HEAL CERTIFICA			ENE REG N	. 2	16	26
T. EE	SED NAME FIRST	WIDDLE	LAST			20. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
(ITPI	Rile	M CHARLES	COLL	-125		J	ULY &	,1957	1425 M
3. SE	X	4. RACE	5. DATE OF BI	RTH		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
	m	BIK	MONTH	3	15	72	YRS.	ONTHS DATS	MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER A	APPIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	md	USA	WIDOWED	-	DRCED [Wicomico			MD.
	lisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Genera	ADDRESS)		IUTION	120 USHAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF FORKING LIFE		OF BUSINESS OR
13a.	STATE 136 COU	PROTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 131. CITY OR TOW PLSET MANO K	N, 113d	INSIDE CIT	Y LIMITS?	13e STREET ADDRESS		Pt 1	21836
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	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU- IVE WAR OR DATES) 218-01-6	181TY NO. 17	INFORMAN Y/ydrz	. / -	Nowden	Willi	16 WA	latet 5+
	PART I. DEATH WAS CAUSI	only one couse per line for (a), (b) on ED BY: ATE CAUSE (a)	ofulm	una	7 0	rest		BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) & VOLE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ence of Ca	TRELATED I	seart O THE TERMI	Failue Nal Disease OR CON		EN IN PART TO	0,
CERTIFICATION	9a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION W	/AS PERFOR	MED	200 AUTOPSY?		, WERE FINDIN	
THE						YES NO	IN CERTIFY	YING CAUSES	NO [
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	saw the deceased alive or	pital) attended the deceased from		not in (my) (, 19 our) opinion d	, to eath occurred on the d			
	Hynathur 7- Hynathur T- Lgratius	ORPRINT) L. D. Nour Jo	M-D	AT	TENDING HYSICIAN	MEDICAL STA DIRECTOR PHYSIC	CIANA	en Ar	2/81
23a. I	BURIAL, CREMATION, REMOVAL	1 236 DATE 7-13-87 5	VAME OF CEME	TERY OR CH	EMATORY CRARK	23d LOCATION -ICITY OBJOWN	FORR	COUNTY	set mid

DHMH - 16 60M 7/84 (VRA 15, 4)

DHMH - 16 60M 7/84 (VRA 15, 4)

State Anatomy Board

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1612	9 5 JUL 30	87	FOR STATE REGISTRAR	D		HEALTH AND MENTAL HYG	BIENE REG. NO.	1621
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VA	ge 4 may ectar. pog	3. SE	M.	4 RACE	5 DATE	DF BIRTH DAY YEAR 08 16	6 AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN.
0	heath. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR WICOMICO	
5	by the furth iled with	4	lisbury	11. NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, GI Peninsula Ge	NURSING HOME OF STREET ADDRESS)	or other institution spital	12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	12b. KIND OF BUSINESS OR
IND 21201	filled in lovel be for the filled in lovel be for the filled in lovel be for the formal	130. S	AL RESIDENCE (IF NURSING HOME ITATE 13b. CO			134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE
MARYLA	mpletely and 2 sk	14. FA	THER'S NAME FIRST FLOYD		AST AN	15 MOTHER'S MAIDEN NA. FIRST BEULAH		COOGAN
MORE,	n and cor Pages		VAS DECEASED EVER IN U.S.		AL SECURITY NO.	17 INFORMANT	ADDRESS	
W. PRESTON ST., BA	not the deoth certificate be executed within 24 hot the deoth certificate be executed within 24 by everyone or ending physician and completely filled the move carbonapers. Pages fend 2 should carbonapers to other traumotic event. We medicolesconduce have		PART I. DEATH WAS CAU		dio pul NSEQUENCE OF CONARY	Artery D	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W.	been funding the prior to bur ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICAN Previous 190 Date of OPERATION	T CONDITIONS CONTRIBUTION CONTRIBUTION 196. CONDITION FOR	Paypass	NOT RELATED TO THE TERM Surgery IN WAS PERFORMED	200 AUTOPSY? 2	0b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
ON OF VITAL	G PHYSICIAN: The In otherdring physicion. Iter this certificate has a the burial-transit per and Mental Hygiene and Mental Hygiene ked or Item 18 shows	MEDICAL CERTI	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (LIF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	HOUR A.M. MON P.M. 21e PLACE OF INJURY	19	21c. HOW INJURY OCCURI		
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	ATTENDING hospital or off RECTOR: After ed for use as t pt. af Health em 21 is morke		sow the deceased alive		_19			ond hour and from the couses stated
	HOSPITAL OR uned by the l FUNERAL DIF wild be detach the State De		Jeffen A	1. Weland		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	7/2/192
	TO HOSPITA TO FUNERA should be de with the Stat IMPORTANT	730 5	Jeffrey M	. Wieland	122, NAME OF	EMETERY OR CREMATORY	23d. LOCATION	
	ВР		REMOVAL JNERAL DIRECTOR		ISE NAME OF		CITY OR FOWN	COUNTY STATE
	DHMH - 14 40M 7/84		ALAME DIRECTOR			130.0301	130	THE STATE OF THE S

BP. DHMH - 16 60M 7 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG.	No.		-	

1 24	FOR STATE GISTRAR	DEPA		FICATE OF DEATH	IENE REG. N	2102	8
1 DE	ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS DAYS	IF UNDER 24 HRS
3	Female	White	08		86	YRS.	HOURS MIN.
7a. B	SIRTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C Wicomico	OR COUNTY OF DEATH	MC
	Salisbury	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVEST Deer's Head	Center		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		F BUSINESS OR
13a.	JAL RESIDENCE (IF NURSING HOME OR STATE 13b. GOUN			13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	/ ZIP CODE	21851
14. F/	ATHER'S NAME FIRST	MIDDLE LAST	100	15. MOTHER'S MAIDEN NAA	WE	LAS	r
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		SECURITY NO.	Urs Mabel K	night A	Hantio, Va	
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (EQUENCE OF	OMA, PROBABLY T NOT RELATED TO THE TERM		206. IF YES, WERE FIND IN	IGS USED	
1					YES NO	IN CERTIFYING CAUSES YES	OF DEATH?
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART 2)	
5	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OF	FICE FARM FTC)	211. LOCATION	CITY OR TO	OWN COUNTY	STATE
ME	WHILE NOT WHILE AT WORK	TATHOME, STREET PACTORS, OF	Tige, France or Cy				1111
MEC	22a.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no	ital) attended the deceased fro	am C-	7 13 , 19 87 and that in (my) (our) opinion (, to	late and haur and fram the	couses stated
MEC	22e. I certify that (I) (this hosping sow the deceased alive an abave, (I) (we) (did) (did not 22b. SIGNATURE	ital) attended the deceased from	am C-	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	late and hour and from the	couses stated
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2	1 0	2

REGISTRAR				REG. NO.		
I. DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT) CHARLES	LEON	Davis		July	3, 1987	16/5 F
3. SEX	LEON	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
3. SEX	4. RACE	MONTH DAY	YEAR	B. AGE (IN TEAKS EAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
M	В	11 27	18	68 Y	RS.	
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 (V)		9 BALTIMORE CITY OR COL	JNTY OF DEATH	
GREENVILLE MISS.	LICA	MARRIED X NEVER		Wicomico		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ONORCED [12a USUAL OCCUPATION	Tisk KIND O	F BUSINESS O
Salisbury	Peninsula Cenera		3111011014	(TYPE OF WORK FOR MOST OF WORK		OF BUSINESS O
-		-	22.51	FFD SERV	RETTR	ED.
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COUL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE		CHTYALLARGO	201 00111	11121211	LU
140	2011700		NO []	13e.STREET ADDRESS / ZIP (21001	
14. FATHER'S NAME	CUMICO I SALISBU	A-	R'S MAIDEN NAM	306 WHITMAN A	VE.,	
FIRST	MIDDLE	13.74(01112)	FIRST	WIDDLE	ŁAS	T T
STEVE	DAVIS		NELLIE		WRIGHT	
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECU	JRITY NO. 17 INFORM	MANT	ADDRESS		
YES, NOOK UNKNOWN) (IF YES, GI	WW11 427-12-	3273 MARY	J. DAVI	ADD. SAME A	S ABOVE	
	inly one couse per line for 191, (b), and	2012-1-171111	J. DAV	1.3		MATE INTERVAL ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUE	erret or				
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	1					
gove rise to immediate couse (a), stating the underlying couse last	(b)	ence of <u>Death</u> but not relate		200 AUTOPSY? 20b. I	N GIVEN IN PART 110 IF YES, WERE FINDIN ERTIFYING CAUSES	NGS USED
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then place-remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to by fol, cremation, or removal.

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DHMH - 16 60M 7 (VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO	3	-		
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		REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. N	ا میں	3 0
UL 1	16.0	ASED NAME FIRST	WIDDLE	0	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	(Minnie	N.	WA	VIS	JULY 20	0,1987	1340 M
	3. SEX		1. RACE	S. DATE (DF BIRTH 16 19 1	6. AGE (IN YEARS LAST BIR	MONTHS DAY	
	7a. BII	7 - 7 /	76. CITIZEN OF WHAT COUNTRY?	8		BALTIMORE CITY C	YRS. DR COUNTY OF DEATH	
5		COUNTRY] MJ	V.S.A.	MARRIE		Wicomico	K COOKIT OF BEATH	MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT		OF BUSINESS OR
(-	Peninsula Gener		spital	Clexk		
5		STATE 1 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN V	13d. INSIDE CITY LIMITS?	3/2 Buch	ZIP CODE to A	ve 2/801
1	14 FA	THER'S NAME	MIDDLE ROGINSON LAST	/	15 MOTHER'S MAIDEN NAM	WIDDIE /	Incimito	b
1		VAS DECEASED EVER IN U.S. ARA YES, 10 OR UNKNOWN) (IF YES GIVE	MED FORCES? 166 SOCIAL SECULE WAR OR DATES) 113-14-	URITY NO.	17 INFORMANT Chades G	Robinson	Mardelx)	Denny My
		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	ly one cause per line for (o), (b), ar	nd ic	0 4	-	APPRI BETWEE	OXMATE INTERVAL EN ONSET AND DEATH
			E CAUSE (o)	ea for	ancel			
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1		Conditions, if ony, which	(b)					
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-			(c)	Dr. a Til Dill	VOT DEL CED TO SUE SERVI			
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/	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION		OWN COUNTY	STATE
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			ol) oftended the deceased from.	Circ /	19 87	10_guly 7		. that (I) (we) last
		sow the deceased alive on obove, (1) (we) (did) (did not			nd that in (my) (our) apinion d	leoth occurred on the d		
		Paul-He	Muy	M	DEGREE ATTENDING PHYSICIAN [C	MEDICAL STA	FF _ 7/	ZO
1		THE PHYSICIAN'S NAME HAPLO	-11		22e ADDRESS	,	0	
1		PHUC F	Leury		360 MI	11RSI de	br.	
	23a B	SPECIFICATION, REMOVAL	7/24/80 23c	-	EMETERY OR CREMATORY	Van TV	salle count	J. STATE
/B4	200	INERAL DIRECTOR MY	esset BLYET	100,	MJ. 250. DATE	RECD. BY REGISTRAR	256. FEGISTRAP & SIGN	n. Randall

061037 JUL 29

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	8

1-	FOR STATE REGISTRAR		DEPA		EALTH AND MENTAL HYG	8 /	3. NG. 1	6 3	1	
	CEASED NAME FIRS	ST I	MIDDLE		AST	20 DATE OF DEAT	H MONTH	DAY YEAR	2b HOU	R
(TYPE	Gerard	d	В.	De1Gu	ercio	JULY	23. 19	187	100 4	14 M
3. SE		4 RACE		5. DATE	BIRTH	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HR5
1	male	white		Augus		70	YRS.	MONTHS BATS	HOURS	MIN.
	RTHPLACE STATE OR FOREIG		WHAT COUNT	RY2 8		9 BALTIMORE CI		Y OF DEATH		
	country) ennsylvania	USA		WIDOWE	D X NEVER MARRIED DIVORCED	Wicomico				MD.
	TY OR TOWN OF DEATH	11. NAME OF		IRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCU		126. KIND (
Sa	lisbury		la Gene	eral Hos	pital	Floor CO	-		il/in	stal1
USU,	AL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION	GIVE RESIDENCE B		13d. INSIDE CITY LIMITS?	13e.STREET ADDR				
		orcester	Berli		YES NO		lliams		21811	
	THER'S NAME				15. MOTHER'S MAIDEN NA	ME				
1	Togonh	MIDDLE	Delgue		Catherine	MIDE	DIE	To 1	esco	
160 V	Joseph VAS DECEASED EVER IN U.	S. ARMED FORCES?		SECURITY NO.	17 INFORMANT		DDRESS	1616	2300	
	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	**			D. 41	D 20	n .1.4.		216
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	22a.l certify that (I) (this saw the deceased all	ve an 7 - LZ			nd that in my (aur) opinion	deoth occurred on t	he date and ha	ur and fram the	, that (1) (
	22b. SIGNATURE	due not) view the body	after death.		DEGREE			22c DATE	ESIGNED	
	100	3			ATTENDING	MEDICAL X DIRECTOR PH	STAFF		23/87	,
-	27d. PHYSICIAN'S NAME	TYPE OR PRINT)	71. 31.	47500	22e ADDRESS	DIKECTOK PP	IT SICIAN [1 //	23/07	
	Dr. James	Spence			Medical Cer	nter, Sal:	isbury,	Md. 21	801	
23o E	BURIAL, CREMATION, REM	OVAL 23b DATE		23c NAME OF C	EMETERY OR CREMATORY	234 LOCATION				
	Burial	07/25/	87	Sunset	Memorial Park	k Berlin		ester	Md.	TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR W. Kirk Burbage

108 Williams St. Berlin, Md. 21811 JUL 28 1987 Julia Deviden Randers

60822.	JUL	28 1	OR TATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	/ REG. NO. 1 6 3 2
nay be page 3			EASED NAME FIRST	Denflerder RACE S. DATE OF BIRTH 6. AC	DATE OF DEATH MONTH DAY YEAR 26 HOUR 21,19878 M GE HANDER LYBER BEUNDER 24 HRS
rage 4 r		70 BI	THPLACE (STATE OR FOREIGN 7	b h, Te gay 30, 1919	YRS. HOURS MIN.
The state of the s	Z	. 6	ew Jersex	U.S, A. WIDOWED DIVORCED 2	Willomeio MD.
	/	1	Elistena	(IF NO IN SUCH FACILITY, GIVE STREET ADDRESS)	USUAL OCCUPATION FOR WORK FOR MOST OF WORKING LIFE) TOUNTY 126. KIND OF BUSINESS OR INDUSTRY CMPLOYEE
24 h	5	13a. S	Aryland Wic	DMICO SAUSBURY YES NO .	TREET ADDRESS / ZIPCODE Rel 21801
med within	82	14. FA	Peten "	Den Herden Dana 15. MOTHER'S MAIDEN NAME DANA	MIDDLE KIEDIT
oe execut	medical			MAR OF DATES) 166. SOCIAL SECURITY NO. 17 INFORMANT WM. DENHER	ader BIVALVE, Md, 21814
a physical conpoperation	c event, the		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		at helaunus 4-1987
the offer throwe of throwe of the offer throwe of throwe of the offer throwe of throwe	r other traumatic		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	
	injury, or	NO	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> but not related to the terminal	DISEASE OR CONDITION GIVEN IN PART 110
he lo on. hos t per	yno swor	CERTIFICATION	19a DATE OF OPERATION		206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ES NO YES NO NO
Z Y SET	tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
<u> </u>	rked or i	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	21 is mo		220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (aid) (did not	7-21 19 87, and that in (my) (our) apinion death	occurred on the date and hour and from the causes stated
Al Dal Dal Dal Dal Dal Dal Dal Dal Dal Da	T: If Hem		226. SIGNATURE Elsa M	DEGREE ATTENDING ME	DICAL STAFF ECTOR PHYSICIAN 7-21-87
TO HOSPITAL etoined by the TO FUNERAL should be det with the Stote	MPORTAN		224 PHYSICIAN'S NAME (TYPE OR		Pad Coster Solis NS
sho To	<u> </u>	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE , 23c. NAME OF CEMETERY OR CREMATORY 23	d. LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

BAKENT BOUNDS SALISBURY

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	STATE	OF	MARYLAND	
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In the line of the latest the latest three death and three	Alv EX Male BIRTHPLACE (STATE OR FORE COUNTRY) aryland criv or rown of DEATH alisbury UAL RESIDENCE (IF NURSING STATE 138	4. RACE White The CHIZEN OF USA 11. NAME OF PENTINSU	J.	S. DATE OF BIRTH Jan. 21 MARRIED NEW WIDOWED OF HOME OR OTHER	1917 TER MARRIED DIVORCED	REG. NO.	987 IF UNDER TYEAR MONTHS DAYS YRS.	2b HOUR 610 A M IF UNDER 23 HRS HOURS MIN.
Me Me Mark death 100 C Mark death 200 C Mark death 200 C Mark death 3 C Mark deat	ECEASED NAME FPEOR PRINTI) Alv EX Male BIRTHPLACE (STATE OR FORE COUNTRY) aryland city or town of DEATH alisbury UAL RESIDENCE (IF NURSING STATE BARYLAND) FATHER'S NAME	4. RACE White White GN 76 CITIZEN OF USA 11. NAME OF PENTINSU	J. WHAT COUNTRY?	5. DATE OF BIRTH Jan. 21 MARRIED NEW WIDOWED HOME OR OTHER	1917 TER MARRIED DIVORCED	20 DATE OF DEATH MONI JULY 22, 10 6. AGE (AYEARS LAST BRITHDAY 70 9 BALTIMORE CITY OR CO	987 IF UNDER TYEAR MONTHS DAYS YRS.	610 A
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A Pay Sa	alisbury UAL RESIDENCE IF NURSING . STATE aryland FATHER'S NAME	Peninst	HOSPITAL, NURSING	HOME OR OTHER				W
Public of the state of the stat	aryland 13				L	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Farmer		F BUSINESS OF
14 F		Vicomico	130 CITY OR TOWN Willards	13d. 1NS10 YES	МОД	13e STREET ADDRESS / ZIP Rt.1 Box 136		1874
160		MIDDLE	tAST		Hettie	Catheri	ine De	nnis
V.	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (1)	U.S. ARMED FORCES? FYES GIVE WAR OR DATES) WWII				ADDRESS		Tell
3 3 1	38	WWII	2 20-01-789	8 Dell	a C. Denr	is, Willards,		IMATE INTERVAL ONSET AND DEATH
uires that signed by en please a burial, cr	PART 2 OTHER SIGNIFI	(c)	OR AS A CONSEQUEN		STED TO THE TERM	NAL DISEASE OR CONDITIO	ON GIVEN IN PART 111	o
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NG PHYSICIA other this certifies as the burial-in hand Mental orked as them	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	LAT HOME ST	OF INJURY TREET, FACTORY, OFFICE, FARA	M, ETC.)	ATION IREET	CITY OR TOWN	COUNTY	STATE
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ATTE Sprite CTO CTO J for n 21	sow the deceased o	live on (debat) view the bod	y ofter death.		my) (our) opinian d	eath accurred an the date or	nd hour and Iram the	couses stated
OR A DIREC	22b. SIGNATURE	101		DEGREE	ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
	Victora	D 6. 090	un me		PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	× 7/	22/87
	22d. PHYSICIAN'S NAME		0.1.1.0	22e ADE				
OSPIT THE STAN	1/1/14/1	C. OGBU.	en mo.	717:				
O HOSPITAL etained by th TO FUNERAL with the State MPORTANT:						CENTER WEST	SALISBURY	MO.
08 08 5 8	BURIAL, CREMATION, REA (SPECIFY) Burial			ME OF CEMETERY	or CREMATORY t Cemeter	23d LOCATION	Wicomico	Marvla

DHMH - 16 60M 7/84 (VRA 15, 4)

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100	CONTRACTOR OF STATE O	
	Misters & Experience son	
3000	Milleton C. Children All to mense	

STATE OF MARYLAND

DEPA

RTMENT	OF HEALTH	AND MENT	AL HYGIENE	
CE	RTIFICATI	OF DEAT	н 8	4

87	FOR - STATE - REGISTRAR	DEPARTA		HEALTH AND MENTAL HYG	()	2 1	6 3 4
P	DECEASED NAME FIRST	WIDDIE		LAST	REG. NO	MONTH DA	AY YEAR 75 HOUR
	TYPE OR PRINT)				M. DAIL OF DEATH		I I I I I I I I I I I I I I I I I I
-	Georg		DOOL		4 AGE	7 - 14	4 PIM
3.	SEX	4. RACE	MONT		6. AGE (IN YEARS LAST BIRT		IF UNDER TYEAR IF UNDER 24 HRS
L	Male	White	05	- 21 - 98	89	YRS	
ተግ	. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	OF DEATH
	Maryland	US	WIDOW	EDXX DIVORCED	Wicomico		MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION		17b. KIND OF BUSINESS OR
	Salisbury	Deer's Head Cen					ployee Ret
41	Bo. STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	admission) N	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS /	ZIP CODE	
-	4	chesterFishing	geri	ek no XX	21634	KUP	A
1	FATHER'S NAME FIRST George W	MIDDLE LAST DOO!	lina	is. MOTHER'S MAIDENNA Amie	WE	F1	eetwood
16	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		17 INFORMANT	ADDRE		00011001
	(yes, no or unknown) (if yes, gr	151-28-3	3492	William F.	Parks	Rt. 2	2, Cambridge
	Conditions, if ony, which gave rise to immediate couse (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) PUSTATIC DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	CARC NCE OF	INCMA WI MUL			
01.10	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY: YES	WERE FINDINGS USED ING CAUSES OF DEATH?
		ATH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PAR	RT 1 OR PART ?)
200	OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d, IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	NN Is	COUNTY STATE
	saw the deceased alive or above, (I) (we) (did) (did no 22b SIGNATURE	ital) attended the deceased from 7/16 19 8 11 view the body after death. Mallinger h	7.0	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	deoth occurred on the do	F _/	22c. DATE SIGNED
		14LLONGA, U.D		27e ADDRESS Deer's Head		isbury	, Md. 21801
73	Burial, CREMATION, REMOVAL SPECIES Burial	7/18/87 DOI		EMETERY OR CREMATORY Smorial Park	23d LOCATION CITY OR TOWN Cambri	dae D	county STATE
24	FUNERAL DIRECTOR	L HOME CAMBRIT			E REC'D. BY REGISTRAR	256. REGISTR	

FUNERAL HOME CAMBRIDGE

DHMH - 16 60M 7/B4

MPORTANT: If Hem 21 is morked or Hem 18 shaws ony injury, or ather traumotic event, th

(VRA 15, 4)

La collection of the collectio	Opinion State Committee and Committee
colore	
	Translate Yorkestern States
2-1873-01 - 0	THE THE PROPERTY AND ADDRESS OF WHICH ME
	Portract Assessment William St. Mills M.
	Portract Assertation of Mills His
	THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR OF
	Posteine Management Science of Management and Science of Science o
	TATE OF THE PARTY

24 FUNERAL DIREC

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

with the state of the same The Royal David Representation of the Control Lawrence Service Organization of the Services and the services of t

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inctor, page 3 its ofter death

offending phys

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please retriave carb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, an

retained by the hospital ar attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 5	STATE REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO. 2	1635
	CEASED NAME FIRST CORPRINT) LEWNE	TH MARVIN	Edwards	20 DATE OF DEATH MONTH	10,1987 1650,
3. SE)	MALE	1. RACE WHITE	5. DATE OF BIRTH 4. MONTH DAY YEAR VAN 28, 1928	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
F	RTHPLACE (STATE OR FOREIGN EQUNTRY) ENNSYLAWIA	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COL	UNTY OF DEATH
Sa	ITY OR TOWN OF DEATH Lisbury	Peninsula Genera	d Hospital	120 USUAL OCCUPATION (TWEED WORK FOR MOST OF WORK	ING LIFE TO BUSINESS OR ING LIFE TO BUSINESS OR AND AREA OF ACL
13a. S	ATHER SNAME PAST ATHER SNAME PAST WAS DECEASED EVER IN U.S. AR	MIDOLE Edward	N 13d INSIDE CITY LIMITS? YES NO [] 15. MOTHER'S MAIDEN NA FIRST	130 STREET ADDRESS / ZIP OF AME MIDDLE ADDRESS	CODE ST. 21801 LAMBERT SAME AS 130.
	PART I. DEATH WAS CAUSE	DBY: DECAUSE (b) DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	they Conquitie	Hunt Farlin	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS
CERTIFICATION	PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION 20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED PERTIFYING CAUSES OF DEATH?
MEDICAL CERT	710, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED NOT WHILE NOT WHILE	HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITE	
	220.1 certify that (1) (this haspi sow the deceased alive on	ital) attended the deceased from	, and that in (my) on opinion	death occurred on the date on	d hour and from the couses stated
	774 PHYSICAN'S NAME (TYPE C	M. Cum NOOD	AM ATTENDING.	MEDICAL STAFF DIRECTOR PHYSICIAN	7/11/00
	UPIA, CREMATION, REMOVAL	23b. DATE 2-14-1987	HARSONS COMMATORY	23d. LOCATION CITY OF TOWN SALES AND THE COMPANY OF THE COMPANY OF CHARACTERS AND THE COMPANY OF	COUNTY STATE
R	Wir & Barre	ADDRESS ADDRESS	-u Md	TUL 1 5 1987	me Devidson-Randotte

CONTRACTOR OF THE PARTY OF The second secon Company of the state of the sta THE RESERVE THE PROPERTY OF THE PARTY OF THE

In the treen signed by the attending physician and campletely filled in by the funeral director, page 3 memory. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 haurs after death are not to burial, cremation, ar remayal.

requires that the death certificate be executed within 24 haurs ofter death. Page 4

	STATE OF MA
060841 JUL 288 TATE SEGISTRAR	DEPARTMENT OF HEALTH
U U U O 4 1 JUL 48 8 PEGISTRAR	CERTIFICATE

RYLAND AND MENTAL HYCIENE

28 8 TATE REGISTRAR			CERTIFIC	ATE OF DEATH	8 / REG. !	2	5 3	1			
1. DECEASED NAME	FIRST	MIDDLE	LA5T		20. DATE OF DEATH	MONTH DA	AY YEAR 2	b HOUR			
(TYPE OR PRINT)	EDWARD	F.	F	1/15	11/11	12.1	980	11135			
3. SEX	4. RACE		5. DATE OF E	BIRTH	6. AGE (IN YEAR LAST B	married and a		F UNDER 24 HR			
N-1	116		MONTH	17. 1909	77		ONTHS DAYS	HOURS MIN			
Male		what country?	Sept		9 BALTIMORE CITY	OR COUNTY C	DEDEATH				
COUNTRY				NEVER MARRIED	Wicomico						
Pennsylv	Ania USA	HOSPITAL, NURSING	WIDOWED [12a USUAL OCCUPA	TION	126. KIND OF	DITCHNIESS			
Salisbury	Peninst	la General	PREHOSD	ital	(TYPE OF WORK FOR MOST		INDUSTRY	DOSINESS C			
	F NURSING HOME OR OTHER INSTITUTION				<u> Maintena</u>	nce	IST Hg	y Dpt			
13a. STATE	13b. COUNTY	13c. CITY OR TOWN		d. INSIDE CITY LIMITS?	13. STREET ADDRESS	/ ZIP CODE	0	1560			
Delaware	Sussex	Delmar		YES NO	304 N.	Second	d St 7	199			
FATHER'S NAME	WIDDLE	LAST	15	MOTHER'S MAIDEN NAM	AE MIDDLE		LAST				
Presto		is		Annie	М.	Hast:	inas				
160 WAS DECEASED	EVER IN U.S. ARMED FORCES? (N) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURI	TYNO. 17	INFORMANT	ADDI	RESS					
no		221 10	2481	Helen Spea	ar RD2	Delman	r DE 1	9940			
18 CAUSE OF	DEATH (Enter only one cause per	r line for (a), (b), and ((C). 1	1			APPROXIMA BETWEEN ON	TE INTERVAL			
PART I. DE A	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Vulu	DUCC	o ede	u						
		DAS A CONSEQUEN	CE OF	1 1)		-/					
Conditions, if	Conditions, if ony, which (b) Conditions, if ony, which										
gove rise to	immediate										
	couse lost.	R AS A CONSEQUEN	CE OF								
PART 2. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERMI	NAI DISEASE OR COL	NDITION GIVE	N IN PART 1:0				
	(THE DIDENSE ON CO.	TOTAL OTTE	1111111111111				
19a DATE OF O	PERATION 196 COND	ITION FOR WHICH O	PERATION V	WAS PERFORMED	200 AUTOPSY?		WERE FINDING				
I H					YES T NOT	IN CERTIFY!	ING CAUSES O	P DEATH?			
21a. ACCIDENT W	AS UNDERLYING 7 216. TIME C	OF INJURY	12	1c. HOW INJURY OCCURR				140 🖸			
OR CONTRIBUTION	CHOSE OF DEATH	M. MONTH DAY	YEAR								
CIFETHER NOTIF		.M.	19	II LOCATION							
WHILE D		REET FACTORY, OFFICE, FAR		STREET	CITY OR 1	OWN	COUNTY	STATE			
AT WORK	ATWORK			////		7	07				
	of (1) (this hospital) attended the		Ond 1	that in (my) (our) opinion d	, to			or (IV (we) lo			
obover(I)(we)(did) did not) view the body	ofter death.			eom occurred on me	date and hour o					
221 SIGNATUR			DEC	ATTENDING	MEDICAL STA	CE	22c. DATE SH	GNED			
1	Creses	- (MS	PHYSICIAN [PIRECTOR PHYS		1/1	7 4/			
21d PHYSICIAN	S NAME (TYPE OR PRINT	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	20 ADDRESS	ver 11.	200	(12/0	1 1/1			
100	A Locker	7, ~		(00)	010 11	,	nd	2/2/0			
23a. BURIAL, CREMAT	ION, REMOVAL 236. DATE	23c. NA	ME OF CEM	ETERY OR CREMATORY	23d LOCATION						
(SPECIFY)					CITY OF TOWN		COUNTY	STATE			
hurial	17/19/	'87 Indd	Feli	OWS Compte		P1 5116	SSEV D	Flams			
burial 24 FUNERAL DIRECTO	7/19/ Disharoon		1	lows Cemete		el Sus RESISTRA	SSEX D	Elawa			

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DRECTOR, After the thould be detached for use as the with the State Dept. of Health and IMPORTANT, If Bern 21 is TANK OF TAXABLE SECTION

ME 2 2 487 July Commence

STATE OF MARYLAND

Ann M. Dixon, M.D.

07/07/1987

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Brewington Same as #13e Vields (Wife) APPROXIMATE INTERVAL 20 AUTOPSY? YES . NO [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Subject driver of motorcycle /fixed object collision RT. 354, Adkins Mill Pond, Powellville, MD Wicomico County ADDRESS 111 Penn Street, Balto, MD 2120 Salisbury, Wicomico, Maryland Parsons Cemetery 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
JUL 8 1987 Gulia justice Kom Holloway Funeral Home P.A., Salisbury, Md. Gulia justimen - Kandall

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19

DHMH - 17 (VR A15 ME (5)) TYPE OR PRINT

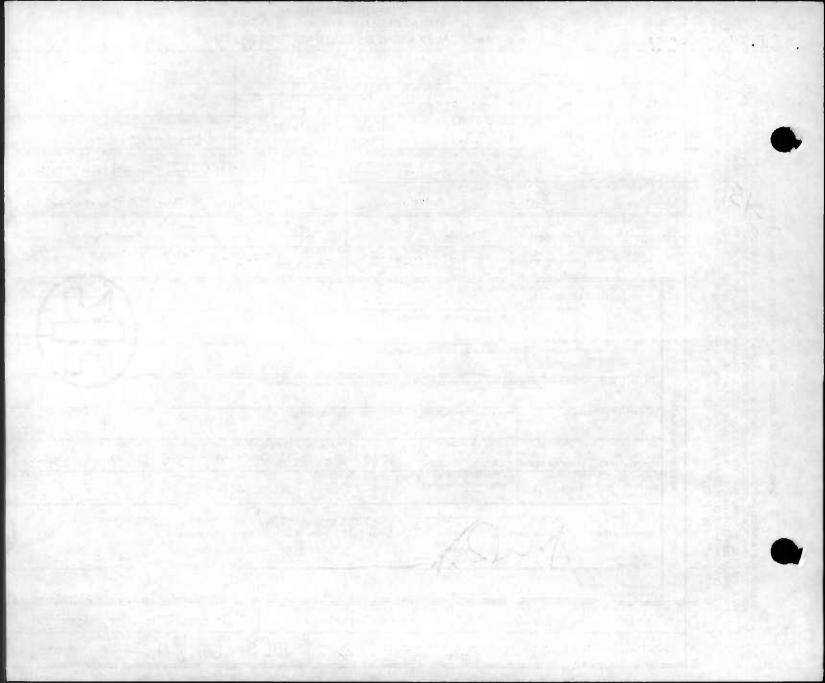
Burial

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

- STATE

REGISTRAR



and completely filled in by the funeral director, page 3 rages Lond 2 shauld be filed within 72 hours after death

STATE OF MARYLAND

JUL	70	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 / REG. NO.2 1 5 4 0							
	I. DE	CEASED NAME	FIRST		MIDDLE	*	AST	20 DA	ATE OF DEATH MON	TH DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	р.			E			6	2(> 87	17:53M
	3. SE2	Y	Brian	4 RACE	Joseph	SDATE	OF BIRTH D	6 AGE	E (IN YEARS LAST BIRTHDAY	,	INDER I YEAR	IF UNDER 24 HRS
		male		1 ./	1	MONT				MON	IHS DAYS	HOURS MIN.
4.0	_			Whi	Te	V2 6	26 81	0.001	0	YRS (0 0	2 32
100	0	RTHPLACE (STATE OF	FOREIGN	16. CITIZEN OF	WHAT COUNTR	MARRIE	D NEVER MARRIED !		COMICO	UNITO	DEATH	MD
1	10 CI	TY OR TOWN OF DE					OR OTHER INSTITUTION		SUAL OCCUPATION OF WORK FOR MOST OF WO	DE INIC (IEE)	125. KIND O	F BUSINESS OR
30	Sa	lisbury	/	Peninsu	la Gener	ral Hos	spital	(11)	4/4			lone
9		AL RESIDENCE (IF NUI	13b. COUN		GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS	a line cr	REET ADDRESS / ZIF	CODE	21	211
10	M	. 1/		mico	Salisby		YES NO		verside Dr.		0/	001
Je .		THER'S NAME				. h y	15. MOTHER'S MAIDEN					
20		M > A a a l	,	AIDDLE	LAST	0.00	FIRST	10	WIDOLE		LAS	w.t
0		VAS DECEASED EVE			165 SOCIAL SE	CURTY NO.	II NEORMANT		ADDRESS			73
nedi	C	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	Unk		Mr Michael	Fineg	gan (Father) as #13 Above			
the !			TH (Fatal and					are c	: 113 700W		APPROXI	MATE INTERVAL ONSET AND DEATH
ent,		18 CAUSE OF DEA PART I. DEATH Y	WAS CAUSE	BY:	Extre	0	and it	23	Yours a	estation	BETWEEN	ONSET AND DEATH
c ev			IMMEDIAT	E CAUSE (o)	- Allea	Ne Ire	matarity	7	12wwag	-) per cu		
mat		C In I	4 . 4	DUE TO, O	R AS A CONSEC	DUENCE OF						
trou		Conditions, if on gove rise to in	mediate	(b)							2071	-
ther		cause (a), state underlying caus		DUE TO, O	R AS A CONSEC	DUENCE OF						
0.0		DARKS OTHER CIC	A DESCRIPTION	(c)	ON ITRIBUTING T	O DE ATH BUT	NOT BELLIED TO THE TE		los con contra	NI OMENI		
link	Z	PART 2 OTHER SIC	MIFICANIC	ONDITIONS C	ON I KIBUTING I	O DEATH BUT	NOT RELATED TO THE TE	EKMINALD	ISEASE OR CONDITIO	IN GIVEN	IN PART III	
N N	CERTIFICATION	19g. DATE OF OPER	ATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a	AUTOPSY? 20t	. IF YES, W	ERE FINDIN	4GS USED
S C	IFIC							YES	NO NO IN	CERTIFYIN YES T	IG CAUSES	OF DEATH?
18 sho	CERT	21a. ACCIDENT WAS U	NDERLYING	21b. TIME C			21c. HOW INJURY OCC				TORPART 2)	
E		OR CONTRIBUTING			.M. MONTH							
P F	MEDICAL	214 INJURY OCCU			M. OF INJURY	19	211. LOCATION			_		-
morked	ME	WHILE NOT V	VHILE ORK	(AT HOME, ST	REET, FACTORY, OFFIC	E, FARM ETC]	STREET		CITY OR TOWN		COUNTY	STATE
is m	11.5	220.1 certify that (1			56- 198	7	6-26	. 19.		that (1) (we) last
121		sow the decea	sed olive on. (did) (did not		ofter death.	\$7	nd that in (my) (ion deoth o	occurred on the dote o	nd hour or	nd from the	couses stated
Her		226. SIGNATURE	- (1	Marine C.		DEGREE				22c DATE	SIGNED
=======================================		Fin	en 91	Person		n	ATTENDING PHYSICIAN		CTOR PHYSICIAN		6-6	26-87
TAT	-	224. PHYSICIAN'S N		PRINT			22e ADDRESS	-			, ,	
MPORTANT		Same	25 J.	Peir	non N	1.0	207A Mar	Vlana	(Agenur	· Sal	ishari	, Mdac
₹-		BURIAL, CREMATION		23b. DATE	/ 23	NAME OF	EMETERY OR CREMATOR	Y 23d	LOCATION			
		(SPECIFY)		12	20/07	C 1: ala			CITY OR TOWN		OUNTY	21001

DHMH - 16 60M 7/84

BP.

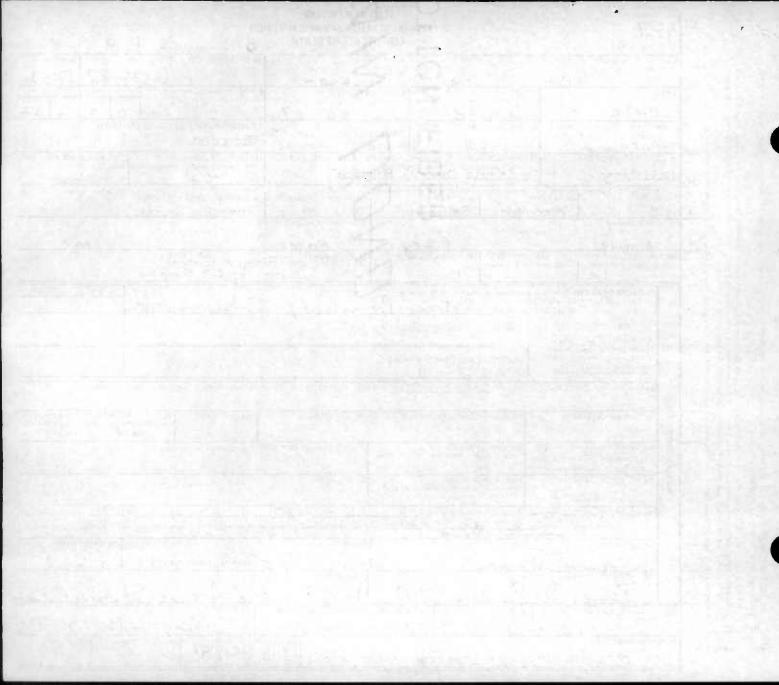
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cashould be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

(VRA 15, 4)

24 FUNERAL DIRECTOR HOLLOWAY FUN'L HOMW-SALISBURY, MD. 21801

Junz 28/8/ | Salisbury, Crematory | Salisbury, Maryland 2180



060932

230 BURIAL, CREMATION, REMOVAL

CERTIFICATION

MEDICAL

JUL

818	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 / REG. NO.2	641
	CEASED NAME FIRST OR PRINT) STANKE	Y M.	FINLEY	JULY 22, 198	7 4:26 PM
3. SE	MALE	WHITE	5. DATE OF BIRTH MONTH 7-13-18 REPRESENTED BY SEAR	69 YRS. MON	NDER I YEAR IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF WICOMICO	MD.
	lisbury	Peninsula Cener	ing Home or other institution at the Hospital		IZE KIND OF BUSINESS OR INDUSTRY
	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITX OR TO	YES NO NO	130 STREET ADDRESS / ZIP CODE	× 21811
) F	ATHER'S NAME SOLOARA	MIDDLEYST	ELIZABET	MIDMA	THY
16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC WE WAR OR DATEST 207-03	3-7323 F. N. FIR	VLEY LERLIS	v. Mo
	PART I. DE ATH WAS CAUSI	nly one couse per line for 101, (1) on ED BY . TE CAUSE (a)	ratory failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF THE PRO	nic obtaining	Imman disease	
7	underlying couse lost.	(c)	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART Tro
CATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		ERE FINDINGS USED

198. DATE OF OPERATION	148. CONDITION FOR WHICH OFERATION	WAS PERI ORMED	Zuu Autorst:	IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES 🔲	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PART 2)		
JIF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19					
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE	
22a.1 certify that (I) (this hospital) saw the deceased alive an	11122 VA 11	d that in (my) (sur) opinion de	to 122	te and hour and from the	that (I) (we) lo	

231 NAME OF CEMETERY OR CREMATORY

saw the deceased alive on, above, (1) (wet (did) (did not) view the body after death 27h SNEPSATURE

DEGREE MIE ATTENDING

MEDICAL STAFF PHYSICIAN PHYSICIAN 226 DATE SIGNED,

22d. PHYSICIAN'S NAME WENRICH

23b. DA7E

22e ADDRESS

POWER

SALISBURY

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

ø

BP.

IMPORTANT.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

JUL 2 1 1987 Julia Dandon Rom

23d LOCATION

BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND

3		FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2								
	(TYPE	CEASED NAME FIRST ROBERT	MIDDI	FI	nney		te Date of Death	7-3.	-87	26 HOUR 6. 25 PM		
		lule	BLACK Th. CITIZEN OF WHA			0-1926	6 AGE (IN YEARS LAST BIR	YRS	IF UNDER 1 YEAR	HOURS MIN.		
5	10	RTHPLACE (STATE OR FOREIGN POUNTRY)	U.S	. A M.	ARRIED NE	VER MARRIED DIVORCED	Wicomico	K COUNTY	OFDEATH	ME		
人		ty or town of death Lisbury	(IF NOT IN SUCH FAC	PITAL, NURSING HO	55)		120 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE	12b. KIND C INDUSTRY	OF BUSINESS OR		
1	USUA	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	R OTHER INSTITUTION, GIVE		5510N)	IDE CITY LIMITS?	13. STREET ADDRESS		Blue	SAlic. MD 2180		
0	14. FA	THER'S NAME FIRST	MIDDLE	- INFU	_	HER'S MAIDEN NAM	AE MIDDLE	Duv	D	SI PEMAN		
1	16a W	VAS DECEASED EVER IN U.S. A LES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? 166	SOCIAL SECURITY	43 Mil	AME V. GR	Afton 110	. 0	n. Apts	cs mazi		
	NOI	PART I. DEATH WAS CAUS (MMEDI/ Conditions, if any, which gave rise to immediate couse (0), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS (b) DUE TO, OR AS (c)	MAL DISEASE OR CON	DITION GIVE	N IN PART 1	а					
1	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITIO	n for which oper	ration was p	ERFORMED	YES NO		, WERE FIND II YING CAUSES			
7	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	HOUR A.M. P.M. 21e PLACE OF 1	MONTH DAY	YEAR 19 21f. LOG	W INJURY OCCURR	ED (ENTER NATURE OF INJUI		(OUNTY	STATE		
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1	J	THE PHYSICIAN'S NAME (TYPE	OR PRINT) Conal	mis	22e AD	PHYSICIAN	MEDICAL STAI		2150	3-81		
	T	URIAL, CREMATION, REMOVA SPECIFY) JULIA JINERAL DIRECTOR	1 23b. DATE 7-9-8	7 Spei	of CEMETERY	OR CREMATORY CEMETER	23d LOCATION CITY OF TOWN 4 HELOGO PRECID: BY REGISTRAR		COUNTY OF W	STATE MOI		
4	6	Ladic Stamme	of west	- PADDRESS SAL	se below	und JUL	1 3 1987	230. KEGISTA	The straight	Machine		

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060900 JUL 2	6 ATEOR			DED		OF MARYLAND	AL HYCLE	alf.		
000000000000000000000000000000000000000	- STATE REGISTRAR			OLF :		ICATE OF DEAT		8 /REG. NO.	21	6 4 3
	I. DECEASED NAM			WIDDLE	(FOSTER	R 12	20. DATE OF DEATH ME	ONTH DAY	YEAR 26 HOUR
moy be poge 3	(TIPE OR PRINT)	FRED		G.		Foster	-	Jul	u 18	198 0805m
4 mo	3. SEX Male		4. RACE Whit	i.e	5. DATE C	DAY YE	6.	. AGE (IN YEARS LAST BIRTHO	MONT	NDER I YEAR IF UNDER 24 HRS. HS DATS HOURS MIN.
Poge direct	70. BIRTHPLACE (***** *********************************	7b. CITIZEN OF		Sept.			71 BALTIMORE CITY OR	YRS	DEATH
eoth. R	North Car		USA		MARRIE	NEVER MARRIE	ED .	Wicomico	COUNTY OF	MD.
he fu	10. CITY OR TOWN		(IF NOT IN SUC	H FACILITY, GIVE S	STREET ADDRESS)	R OTHER INSTITUTION		20 USUAL OCCUPATION		26. KIND OF BUSINESS OR
2 2 2	Salisbury		Peninsu	la Gene	eral Hos	pital		Poultryman		Poultry
BALTIMORE, MARYLAND 21201 cote be executed within 24 yours opers. Pages 1 and 2 should be filed in by you. Who is the medical examiner must be light.	USUAL RESIDENCE	Some	VTY	13c. CITY OR Westov	TOWN	134. INSIDE CITY LIA YES NO	X I	30.STREET ADDRESS / Z Rt. 1 - Box		21871
mARYL ompletely 1 and 2 s	14. FATHER'S NAME Jame		middle rner	Foste		15. MOTHER'S MAID FIRST LAU		MIDDLE	Wats	tast son
vecute con dicole	160. WAS DECEASE	DEVER IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMANT	AL CA	ADDRESS		,011
rimone on ond of on ond of one	(YES, NO OR UNKNO	OWN) (IF YES, GIV	E WAR OR DATES)	221-1	2-6292	Elizabeth	h S. 1	Foster - sar	ne as 1	3 abcde
	18 CAUSE O PART I. DI	F DEATH (Enter or EATH WAS CAUSE IMMEDIA	nly one couse per D BY TE CAUSE (o)	line for (0), (b	liai	Anet				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON S death cer contending nove corbo		if ony, which	DUE TO, OI	RASACONS	EOUENCE OF	orges Tun	1 2	leart fair	are	
1 W. PR hot the by the ose rem ol, cremo	couse (o),	to immediate stating the couse lost.	DUE TO, OF	RASACONS	BOUENCE OF	rie le	Cart	disease		
RDS, 20 equires t equires t signed Then ple to burio injury, or	PART 2. OTH	ER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CONDIT	ION GIVEN II	N PART 110
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificate has been signed by the ottending phosticon. Then please remove carbona to the buriol-transit permit. Then please remove carbona h and Mental Hygiene prior to buriol, cremation, or removed and sent the standard series to the standard series.	190 DATE OF	OPERATION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED				RE FINDINGS USED G CAUSES OF DEATH?
ON OF VITAL IVSICIAN: The ding physicio is certificote h buriol-tronsit Mentol Hygie	OR CONTRIBUTION	WAS UNDERLYING CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY (OCCURRED	O (ENTER NATURE OF INJURY II	NITEM 18 PART I	OR PART 2)
VISION Thending the bur ond Me	(IF EITHER NO 21d. INJURY C	NOT WHILE	21e PLACE (OF INJURY	FICE, FARM, ETC.)	211 LOCATION		CITY OR TOWN		COUNTY STATE
DINO OF		thot (1)	ottended the	e deceased fr	om	7 19.		10 7/18	. 19_6	that (I) (we) last
TTEN portol for up of Hi	sow the	deceased alive on	yiew the blody	ofter death.	19, or	d that in (hy)(and)	opinion dec	ath occurred on the date	ond hour ond	from the couses stated
OR ATT ne hospine DIRECT oched for Dept. al	226. SIGNAT			//	7	DEGREE	DING	MEDICAL STAFF		220 DATE SIGNED
HOSPITAL ned by the Functory of discourse in the State of	22d PHYSICIA	IN'S NAME (TYPE O	DP PPINITI	1	1000	PHYSIC	CIAN D	DIRECTOR PHYSICIAL	N 🗆	7/18/87
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OT 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23a. BURIAL, CREM.				23c. NAME OF C	EMETERY OR CREMA		23d LOCATION	WO NO	}
BP	(SPECIFY) Bu	rial	7/22/8	7	Sunnyri	dge Cemete	ery	Crisfield .	- Somer	Set - MDSTATE
DHMH - 16 60M 7/84	24 FUNERAL DIRECT	TOR	ns - Cont	sfield	ESS MD	01917	250 DATE R	2 7 1987	REGISTRAR	SSIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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		ganto (in otars			

DHMH - 16 60M 7/84 (VRA 15, 4)

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July 28 1987 Mariner's Bethel Cem. Ocean View, Delaware

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Melson Furreral Services Ltd. JUL 28 Frankford, Delaware 19945

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)	ARTMEN	T O	F	HE	AII	TH A	AND	MEN	1

	1-	FOR STATE REGISTRAR				AND MENTAL HYG	GIENE	9 1	6 4	5
•	23	SED NAME FIRST	MIDDE		LAST	OT DEATH	20. DATE OF DEATH	MONTH O	AY YEAR	26 HOUR
	3. SE>	Naney	Lynn		in ea		6. AGE (IN YEARS LAST B	7-15	5-87	7 5 N
		remale.	white	M	ONTH	28 1942	5. 7/3c (m. 12.5)	_	ONTHS DAYS	HOURS MIN.
Co		OUNTRY)	6. CITIZEN OF WHA	MAI		EVER MARRIED	9 BALTIMORE CITY		OF DEATH	
5		Maryland TY OR TOWN OF DEATH	1. NAME OF HOS	PITAL, NURSING HOM		DIVORCED [17a USUAL OCCUPAT (TYPE OF WORK FOR MOST Physicis	TION OF WORKING LIFE		F BUSINESS OR
6	13a. S	AL RESIDENCE OF NURSING HOME OF CATALOR 136. COUNTAIN A. A.	TY 13c.		1134 INS	SIDE CITY LIMITS?	13e STREET ADDRESS 3300 ROV	/ ZIP CODE	1	e 2103
(0)	14 FA	THER'S NAME	NDDLE	Kelch		THER'S MAIDEN NA Euleta	ME		Manvi	ıt
100		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE NO	WAR OR DATES)	SOCIAL SECURITY N	100	ormant orge Lev	vis Geneau		.3	
	Z	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS (c)	A CONSEQUENCE C	hus	traile tost	MINAL DISEASE OR COM	JITION GIVE	2 0 2 0 N IN PART 110	year
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERA	TION WAS	PERFORMED	20a AUTOPSY?		WERE FINDIN	
0	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF IN HOUR A.M. P.M.	MONTH DAY YE	AR 19	OW INJURY OCCUR	RED (ENTER NATURE OF INJI	JRY IN ITEM T8 PAI		
	ME	WHILE NOT WHILE AT WORK 27a.1 certify that (1) (this haspite	(AT HOME, STREET, F	ceosed from	3 - 5	, 19.8°C	6, to 7-	15	9.87.	STATE that (1) (we) last
	1	spw the deceased alive an above, (I) (we) (did) (did not) 77b. SIGNATURE CLSa UL	view the body ofte	r death. 19 87	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	AFF _ /	22c. DATE:	
		22d. PHYSICIAN'S NAME (TYPE OR	1. Go	RIS	Dee	es Head C	enke Sali	shury	md &	21801
	0	URIAL, CREMATION, REMOVAL SPECIFY) tombment	7/19/8		emont	cem.	23d LOCATION CITY OF TOWN Davids	onvill	COUNTY	21035

DHMH - 16 60M 7/B4

(VRA 15, 4)

14 FUNERAL DIRECTOR
Hardesty Funeral Home

Annapolis, Md.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JUL 22

Sold from the state of the

061370

1. DECEASED NAME

FIRST

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	_	-									_

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST

	Madeline	Irma	Granbe	erg	July 27, 198	37	
		RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER TYEA	
1		White	03	21 1899	88	YRS.	S MOOKS MIN.
>	St. John's, Newfoun		DA MARRIE		9 BALTIMORE CITY OR COM		MD
-	FRUITLAND	1. NAME OF HOSPITAL, N 104 HAYWAI	RD AVEN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWIFE	DRKING LIFE) 126 KIND INDUSTR	OF BUSINESS OR Y
100	USUAL RESIDENCE (IF NURSING HOME OR O 13a STATE Maryland Wicor			13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZII	d Avenue	21826
7	John John	Court	ney	15 MOTHER'S MAIDEN NAM	Jane		Hook
	160 WAS DECEASED EVER IN U.S. ARMI {YES, NO OR HINKNOWN} (IF YES, GIVE V	WAR OR DATES)	security NO.	104 Hayward	iam Richards S Avenue, Fruit	alter land, Md.	21826
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	BY: ///	sequence of	regor ardia	infarcti		DXMATE MITERVAL N ONSET AND DEATH
7	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION		Nla	20a AUTOPSY? 20	b. IF YES, WERE FIND	DINGS USED
-	W/a	7.15	N	1/a	YES NO W	CERTIFYING CAUSI	NO [
1		21b. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART T OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY , (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21F LOCATION STREET	V/W CITY OR TOWN	COUNTY	STATE
	saw the deceased alive an abave, (I) (we) (did) (did nat)	6/15	077	nd that in my (aur) apinian d		,	, that (1) we) lost ne causes stated
	226. SIGNATURE Alberta C	Polen M)		MEDICAL STAFF DIRECTOR PHYSICIAN	0.	7/28/1987
	22d. PHYSICIAN'S NAME (TYPE OR P Alberta Mattax				Avenue, Salish	oury, Md. 2	21801
	230 BURIAL, CREMATION, REMOVAL (SPECTREMATION)	07/29/1987		y Crematory	Salisbury, W	icomico, N	Maryland

DHMH - 16 60M 7/B4

24. FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

20. DATE OF DEATH MONTH

26 HOUR

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	Only American Committee (Committee Committee C	
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OHMH 16 60M 7/

FOR STATE REGISTRAR

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REG. NO.				

77.1	A.4	REOISTRAR						0 .	KEG. N	O.				
2		EASED NAME	FIRST		WIDDLE	1	AST	2a DATE O	F DEATH	MONTH	DAY	YEAR	26 HOL	JR
	(I)YEE	OR PRINT)	Georg	e I	W.	6	roves sr	. Ju	14 18	3 110	18	7	130	05 m
T	3 SEX		4	RACE		5. DATE C		6. AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER	RIYEAR	HOURS	R 24 HRS
	Ma	le		White		Feb.	4, 1898	89		YRS.		DATS	CONS	Willia.
1	To BII	RTHPLACE (STATE OR I	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DEX NEVER MARRIED		ORE CITY C	R COUNT	Y OF DE	ATH		
>		ryland	10.2	U. S.	Α.	WIDOWE		147777	ш					MD.
		TY OR TOWN OF DEA	TH 1	I. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		OCCUPAT		12b.	KIND OI	F BUSIN	ESSOR
4	Sd.	lisbury	E	enmsu	la Genera	TOE	brear	Forma					loto:	r Co.
Т	U5UA 13a. S	LE RESIDENCE (IF NORS	13b. COUNT		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS	/ ZIP COD	ÞΕ	- 1	9	946
4	De1	aware	Susse		Delmar		YES X NO		. Gro			9940	54	117
1	14. FA	THER'S NAME	AAI	DDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE			LAS1		
4	Wi]	liam Garr					May Brook	s	7110046			CHS	F	
1		AS DECEASED EVER		ED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	19483	ADDRI	ESS				
1	,	O OR UNKNOWN)	1123, 0102	THE OR DATES!	139-03-79	946	Mabel M. Gro	ves (same a	as abo	ove)			
ľ		18 CAUSE OF DEAT	H (Enter only	ane couse pe	r line for (a), (b, o)	diesi					8	APPROXI	MATE INTE	RVAL D DEATH
I		PART L DEATH W	'AS CAUSED IMMEDIATE	BY:		-014	on oto	-			C	ale	HOL	"cc"
ı		DIFFE OF AS A CONSCIUNATION OF D												
ı	5.7	Conditions if any	bish	DUE TO, C	RAS A GONSEQUE	NCE OF	Some / IM	defle	MILE	5				
1		Canditions, if ony, gave rise to imm	nediate	(6)_	100	10	rue I VV	o Cy o	unc	-				
I		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									10			
ł		onderlying coose	1031.	(c)										
I	z	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	/	Carl	11		'ART lio	1	
1	TIO	19a DATE OF OPERA	Have	luca	Cheve	210	0681 000 (C)		- CONTENT	206 IF YE	e went	FIRITIA	ACC LIES	
۱	IFICATION	IN DATE OF OPERA	HON	1196 COND	IIION FORWHICH	OPERATIO	N WAS PERFORMED	20a AC	GFSTT	IN CERTI	FYING C		OF DEA	TH?
ł	CERTI	21s. ACCIDENT WAS UN	Minner PT	21h TIME C	NE INJUIRY		ZIŁ HOW INJURY OCCU	TES []	NO		ES []		NO [
ı	200	OR CONTRIBUTING (Dead.	A Seption of seption 1. A.	M MONTH DA	Y YEAR	THE HOW BOOK! OCCU	MARTY (EMILE)	MATCHE CO. INHO	MY DESIGN TO.	MARY Y CAN	FAB.1 (2)		
ı	CA	(WEIDHER, HIGHER MEDI		-	M	19							-	
ı	MEDICAL	314 INJURY OCCUR			OF INJURY BIST, FACTORY, OFFICE, F.	MM, ETC.)	2H LOCATION		coroge	un /	000	units		STATE
ı		AT WORK AT WO	1	1	The state of the s	1	Va .	- 2	5/0	47				
ı		27s I certify that (I)	46	i: attended, th	o decorport trans	41	18/ 19	. 10	1101	01	19		thos (I) (
ı	1	obard to the	d alive on _	view the body	ofter death.	1 01	nd that in (my) (pur) opinion	death accurr	ed on the d	attract has	ur and fr	om the c	courses st	oted
1	1	17h 4644654	/_			120	PEGREE	1			320	DATE	STONED	1
ı	/	14/24	7			m	ATTENDING PHYSICIAN	DIRECTOR	R PHYSIC	CIAN		11	11	15/
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ı		- Day	1	hau	9ev 1	(M)	John V	om	1	11)			
1	73n. B	URIAL CREMATION.	REMOVAL	136 DATE	1 12h N	AME OF C	EMETERY OR CREMATORY	11110C						7/200
	1000	ürial		7-22-1			ien Cemetery	Came	den 1	New Je	TSO	NP.		STATE
1	2012	INERAL DIRECTOR					25s, DA		REGISTRAR				URE	
1	Sh	ort Funera	al Home	e. Inc.	Delmar.	DE.	19940 [JU]	21 1	98/ 8	Julia de	Married	Sec. 12.	-	
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STATE OF MARYLAN	D
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60901 JUL	28	BETATE REGISTRAR				EALTH AND MENTAL HY	B / REG. NO.	10	4 8
yy be oge 3 deoth		CEASED NAME FIRST ET	VA /	MIDDLE M.	4	ALL HALL		82.Kg	26. HOUR 7:20 AM
to 4 moy	3. SE	enale	4. RACE Whit	e	5 DATE C		63 BIRTHOA		T.M.
1000		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNT	RY? 8 MARRIEI WIDOWE	DIVORCED D	9 BALTIMORE CITY OR CO		Derates MD.
497	S	TY OR TOWN OF DEATH alisbury	Dee	CA FACILITY, GIVE S	RSING HOME C TREET ADDRESS)	Cexter	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemaker	DRKING LIFE) 12b. K	
	13a S	AL RESIDENCE (IF NURSING HOME OF STATE MD Some)	NTY	GIVE RESIDENCE 8	efore admission)	13d. INSIDE CITY LIMITS?	Rt. 1 - Box	134 B /	21817
ed within ond 2 and 2) FA	George E	dward	Parkir	nson	15. MOTHER'S MAIDEN NA Annie	AME	White	LAST
n ond		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	215-20	0-1524	17 INFORMANT Patty H. Dyke	1207GADDRESSI		ham St. D 21801
Tificate k physicio phopopers propopers propop		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)	nly one couse pe ED BY: (TE CAUSE (o)			NONARY AR	REST	BÉ	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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equires n signe Then pl ir to buri injury, q	NOIL	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER!			
The law	CERTIFICATION	19a, DATE OF OPERATION	196 COND	ITION FOR WH	TICH OPERATIO	N WAS PERFORMED			FINDINGS USED AUSES OF DEATH? NO [
Sictania physical phy		21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	AIR	OF INJURY M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PA	ART 2)
other this on the but and M an	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY IREET, FACTORY, OFF	FICE, FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUM	NIY STATE
CTOR A Head of Head		22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	7	122		d that in (my) (our) opinion	deoth occurred on the date of	and hour and fro	. that (I) (we) lost om the couses stated
ALOR ALDRE		adelia &	mall	nge	Mr.D	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN		DATE SIGNED
O HOSPIT beined by could be could be the Str		HOELIA S.	ORPRINT) MALLO	ONGA.	M.J	Deers de	rd Center, &	Peles .	Md. 21801
BP	23a E	BURIAL, CREMATION, REMOVAL Burial			23c NAME OF C	emetery or crematory dge Cemetery	23d LOCATION CITY OR TOWN Crisfield		

DHMH - 16 60M 7/84

(VRA 15, 4)

Cristield

Burial 24 FUNERAL DIRECTOR

Bradshaw & Sons / Crisfield, MD

21817

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DHMH - 16 60M 7/B4 (VRA 15, 4) The production of the British of the Control of the

And to the course of the cours Del Sussex British Selling to Burney Asia - Onorbaniv. HON THE BUSINESS TO SEE TO SEE Deer't Mend Conter, Salandury, Mr. 21801 Burner 7/22/27 Sarthan Guten & Stone OA MI When the talk out and the State of the JUL 23 300 at a second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. BEASED NAME 20 DATE KNOWN PE OR PRINTI OF ESTI-Katie Hastings DEATH MATED 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 6 LAST BIRTHDAY PRONOUNCED 10 118 Female DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED K NEVER MARRIED FOREIGN COUNTRY) Wicomico U.S. Maryland WIDOWED [DIVORCED IB CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS OR INDUSTRY Cedar Drive Housewife Salisbury ASUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b. COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Wicomico Salisbur Cedar Drive YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE Rosabelle Lewis Vickers James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) 217-03-6041 Herman Hastings same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (h) Arteriosclerotic Heart Disease years gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 4 E CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOCK EXECUTE THE CERTIFICATE, WRITING THE WORLD PAGE 4 SHOULD BE FORWARDED TO THE OF UNREAD INTECTOR, PAGE 3 SHOULD BE AFFER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRORTOR TO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE Inspection X 220. I certify that I took charge at the remains described above, held an and in my opinion death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL 7/18/87 Deputy SIGNATURE MEDICAL EXAMINER (TYPE OR PRINT) Thomas Bluff Rd , Salisbury, Md 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial STATE Springhill Mem. Gardens Hebron Wicomico MD 07/84 BP

SAPISBURY, MARYLAND

256 REGISTRAR'S SIGNATURE

25M

DHMH - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR

BAKER AND

BOUNDS

STATE OF MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after death with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

JUL

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STATE OF MARYLAND

AKIMENI	Ur	HEA	LIN	AND	MENTAL
CE	RTI	FIC	ATE	OF	DEATH

2	187	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. NO	2 1 0 5	1		
	{TYPE	CEASED NAME FIRST ORPRINT) MARGHR		1	lastings	July	MONTH DAY YEAR 1987	26 HOUR 0052A		
	3 SEX	x -emole	White	5. DATE (OF BIRTH DAY VEAR ZO Z3	6 AGE INVESTIGATION	MONTHS DAYS	HOURS MIN.		
5	(RTHPLACE (STATE OR FOREIGN COUNTRY) PA.	76. CITIZEN OF WHAT COUNTS	MARRIE		Wicomico	R COUNTY OF DEATH	MD.		
C	Sa		11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Peninsula Gene	ral Hos	spital	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	4		
-	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUN WICH	VIY . IBC. CITY OR TO		13d INSIDE CITY LIMITS? YES NO [] 15. MOTHER'S MAIDEN NA	13. STREET ADDRESS /	11	EAPTS.		
1	C	ARENCE ER	MARD HAST	TNES	FIRST	ANCE	MARC	H45		
1	5	VAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES, GIN ES - NURSE 1943	WE WAR OR DATES) 5-1946 194-18	3-8647	ISABELLE S	(-GEORGETTOU	IN AL		
		PART I. DEATH WAS CAUSE	TE CAUSE (0) Caca	ve (Quest		BETWEEN	ONSET AND DEATH		
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSECUENCE (c)	sele	eatic Hear	d Duson	Le /	year (
	TION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIO		YES NO	20b. IF YES, WERE FINDING CAUSE: YES	NGS USED S OF DEATH?		
7	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 7)			
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE		
		saw the deceased alive an above, (I) (hive) (did) (did as	nat) attended the deceased fro	E-7	nd that in (my) (a) opinion o	deoth occurred on the do		that (I) (me) last couses stated		
		226. SIGNATORE 226. PHYSICIAN'S NAME (IVPE C	- PC	7.	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAF	F _ 7/	18 /87		
	23a. B	SURIAL, CREMATION, REMOVAL		NAME OF C	CEMETERY OR CREMATORY	23d LOCATION				

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR

19947-0568

2/JUL87 ST PAYLS EPISC. GEORGETCUN DE 1999

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR \$ SIGNATURE

UN, PE 19947-0568

JUL 28 1987 Julia Director Recommendation

TWO THE STATE OF T MA WARRING SERBURY & SUS H CHART E LEVEL THE CARREST FRANKS WATER SE CANSTACO CONTRACTOR VERY SELECTION STATES PROPERTY STATES OF SELECTED AS SELECTED AS AND THE BUTTON OF THE FOLLY CONSTRUMENT OF THE

AND RESERVED TO SELECT THE SELECT OF THE SEL

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DHMH - 16 60M 7/8

(VRA 15, 4)

Funeral Home

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	1	FOR		DEPARTME	ENT OF H	EALTH AND MENTAL HYG	IENE	0 1	6 3	6
	0.01	REGISTRAR			CERTIF	ICATE OF DEATH	8 / REG.	100	0	
4	Di	EASED NAME FIRST	M	IDDLE	L	AST	26. DATE OF DEATH		DAY YEAR	2b HOUR
7	(TYPE	OR PRINT)	at 1	М.	16	NASC	11114	16.15	F7	4:40 Am
	3. SEX	Harge	4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST	eirthDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	I	Male	White	•	ctob	er 8 1908		7.8 _s .	MONTHS DAYS	HOURS MIN.
9		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
5		adley, Virgir	ia U	SA	WIDOWE		Wicomico			MD.
1		TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	HOME C	R OTHER INSTITUTION	120 USUAL OCCUPA	TION	126 KIND O	F BUSINESS OR
		lisbury	Peninsu	lfacility, give street at	al Ho	spital	Garden	er	Whit	e House
5	13a. S	RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY WITH ARYLAND		136. CITY OR TOWN Berli		13d INSIDE CITY LIMITS? YES NO [13e.STREET ADDRESS		ines	811
-	14. FA	THER'S NAME FIRST	MIDDLE	LAST	- 7 -	15. MOTHER'S MAIDEN NAM	ME			
		James		edges		Emma	MIDDLE	Cal	Lvert	
1		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADD	RESS		
	()	es, no or unknown) { if yes, giv	E WAR OR DATES)	579-52-1	1111	Robert Hed	ges	Same	as #1	3
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUEN	nest ICE OF	inal Kleedin	7		BETWEEN	MATE INTERVAL DISET AND DEATH
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT (CON QUILLE 190 DATE OF OPERATION	freat	lailine.	ch	NOT RELATED TO THE TERM WING CONTINUE N WAS PERFORMED	1 1 1	nnau	WERE FINDIN	26
古	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF		YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF DEA	din .		19					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AI WORK	21e PLACE C			21f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
		22a. I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no	- Ouly	10. 19 8	7/	d that in (my) (our) apinion o	death occurred on the	date and hour		that (I) (we) last causes stated
		226. SIGNATURE	a. We	mich	7	DEGREE ATTENDING PHYSICIAN E	MEDICAL ST DIRECTOR PHYS	AFF SICIAN []	224 DATE	SIGNED 16/87
1		22d. PHYSICIAN'S NAME (TYPE	R PRINT)	The State of the S		22e ADDRESS		7		1 26.1
		RODNEY U.	· \	ENRICH		1 , , ,	ST. S	ALISE	SURY	md. 21801
	23o B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	236 LOCATION	+	COUNTY -	~ A 1110 MA
		Burial	19Jul		asnı	ngton Natio				
4	24 FL	NAME ROBert EV				25a. DATI	22 1987	R 256 REGISTE	PARSISIGNATI	Randally
		Funeral 1	Home	Sui	tlan	d, Md.	100 001	4		

STATE OF MARYLAND

R. S. T. B. Mary L.

(VRA 15, 4)

(10)	1			STATE OF MARYLAND		
15	١,	FOR	DEPARTM	ENT OF HEALTH AND MENTAL HYGI	ENE	a han 4
20		STATE REGISTRAR		CERTIFICATE OF DEATH	, 7	0 3 9
260	I DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NK	
o w÷		OR PRINTS	10 /	1111	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
9 e e		Perless	Kiley	Holden		6-6-875:00 ON
a bo	3. SE		RACE	5. DATE OF BIRTH	AGE (IN YEARS LAST BIR	
4 00		mile	Pinci-	MONTH DAY YEAR	70	MONTHS DAYS HOURS MIN.
irec	-	rijale	BIACK	3 / 09	78	YRS
2 hod 2	/o. B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH
no ner	1	irginia	(1.5.A	WIDOWED DIVORCED	- 1	1101. ME
The state of	10. C	ITY ON OWN OF DEATH		HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 126 KIND OF BUSINESS OR
# + 1	-	5 1. 1	(IF NOT IN SUCH FACILITY, GIVE STREET A		(TYPE OF WORK FOR MOST O	
2 2 2	10211	AL RESIDENCE (IF NURSING HOME OR OT		Residence	Ke	bired
4 hourst	130.	STATE 13b COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE A		13e.STREET ADDRESS	ZIP CODE 21801
7 55 7		md. Wie	o Salisb	Mry YES NO D	1010 EAST	ed. Salishum BA
thin sty	14. F.	THER'S NAME		15 MOTHER'S MAIDEN NAM	E	7
3 37 5	1	A CONTROL	DDLE // // LAST	FIRST	MIDDLE	11 LAST
5 6 0 0 C	14	Nilliam	Holden	11/4991	e Wis	a Holden
ond oges		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATEST		ADDRE	.55
3 000			214-16-4	388 Lillians Reed 7	25 Piversi	de Dr. Salishum M
the the		18 CAUSE OF DEATH (Enter only a	nno cours per line fee (n) (h) and		23 110 (101)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys phys pop mew vent,		PART I. DEATH WAS CAUSED B	BY:	i ament		BETWEEN ONSET AND DEATH
S S S S S S S S S S S S S S S S S S S		IMMEDIATE (CAUSE (b)	ac vivus		
th confir			DUE TO, OR AS A TONSEOUEN	NCE-OF A T	1. Lt ,	
dea utte nion		Conditions, if any, which	(Ib) WW	un Muchini F	Ceant Fach	n
he cemo		gove rise to immediate couse (a), stating the)			
or the		underlying couse lost.	DUE TO, OR AS A CONSTQUE	(GE/P)		
the de de	100		(c)			
gne borr	7	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing to di</u>	EATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 110
The The	CATION					
Dried be	18	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED
ws per s	Ē				YES TO NOT	IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
Skicion at a skici	CERTIFI	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCURRE		
physical fiftical firms of Hy		OR CONTRIBUTING CAUSE OF DEATH		Y YEAR	D TENIER WAIDRE OF INJUR	IN INTERNITO PART I ORPART 2)
SIC Purple Purpl	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
his his	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAI	211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
or the	>	WHILE NOT WHILE	(AT HOME STREET, PACTORY, OFFICE, PAI	KM, ETC. J	/	and a state
Aft of the Market		22a.l certify that (1) (this hospital)) attended the deceased form	5 19	7/6	.87
Z-S-F-		sow the deceased alive on	5/17	7	, 10	, 19@, that (l) @) lost
Spirot CT of to a fo		obove, (1) (we) (did) (did not) v	view the body after death.	, and that in (my) our opinion de	eath occurred anythe do	ote and hour and from the causes stated
DR A Pos Single Ched Ched Dept.	1	22b. SIGNATURE	1//	DEGREE		220 DATE SIGNED
the Day of		Xhuld 6	M. (MM)	ATTENDING PHYSICIAN	MEDICAL STAF	
SPIT PAN AN AN	1	22d PHYSICIAN'S NAME LTYPE OR PE	RINTI	22e ADDRESS	DIRECTOR FITTSIC	14/7/
HOSI Ind b		\ \A	WILLIAM	PLUN	10	
etained by 1 TO FUNERAL should be de with the State	_	Day.	VVVVV	1 1110	+ C	
E P N S Z			23b. DATE 23c. NA	AME OF CEMETERY OR CREMATORY	334 LOCATION	
BP	100	(SPECIFY) Bunal	7-11-87 5	mahill men Garder	Helin	To tal Pendassonil
	24 F	UNERAL DIRECTOR			REC I TO LOUIS AND	All THOUSTON S BIGNATURE
DHMH - 16 60M 7/84	10	NAME TO LECT	A ADDRESS		1	
	1 /7		11 1 2 2 2			

Perkan Holden 7 6 875 m Male Bleck 3 / 69 76 m Vigen U. S. A. william of the College - pudelit the palety was an perdelect with birth Walliam Hiller Maggie Lose Hildery to enalize a short rest fram Whatter well Control of the life of the last of the las

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STATE OF MARYLAND

PEPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENE	
	CERTI	FICATE	OF	DEATH	8	
		LAST			1 a. D	-

7	-4	GISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME OR PRINT)	Hook	LINS LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
	3 SEX	F	RACE BIK	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UN NONTH	DER I VEAR IF UNDER 24 HRS
7		RTHPLACE (STATE OR FOREIGN 76 CONTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED D NEVER MARRIED DIVORCED DIVORCED	9. BALTIMORE CITY OR COUNTY OF E	MD.
)	10. CI	SALIS bury	I. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 22) CATHEIN	G HOME OR OTHER INSTITUTION ADDRESS SERECT		B KIND OF BUSINESS OR INDUSTRY
	13a S	11100		N 134. INSIDE CITY LIMITS?	13e.STREET ADDRESS ZIP CODE 2	27 CATHRIN
	14. FA	THER'S NAME	MAGEN LAST	15 MOTHER'S MAIDEN NA	FIR MIDDLE EVANS	1AST
			one couse per line for (a) (b), one BY:	6528 CALYOLYN	MURSHY NEWS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	were Attenosela		
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	- Carpes to	DEATH BUT NO TRELATED TO THE TERM FLOT OPERATION WAS PERFORMED		RE FINDINGS USED CAUSES OF DEATH?
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I C	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN C	OUNTY STATE
		22a 1 certify that (1) (this hospital sow the deceased alive an above, (1) (we) (did) (did not)	7/1 19 6	J. and that in (my) (our) opinion	death occurred on the date and hour and	, that (I) (we) lost from the couses stated

230 BURIAL, CREMATION, REMOVAL MEDICA SCIENCE 23b. DATE

NAME OF CEMETERY OR CREMATORY Bo

22e ADDRESS

DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

SA (SDUCY

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STATE OF MARYLAND

HYGIENE

KIMENT	OFF	REALIF	AND	MENTAL	. 1
CEI	RTIF	ICAT	E OF	DEATH	

	1 100	27%	10-4
1,7	0	3	de
REG. NO.			

	1-	FOR STATE REGISTRAR	DEPA		ATE OF DEATH	IENE REG. NO	105	5
	37 PE	CEASED NAME FIRST Alle		HORI	ver	July 27	1981	26 HOUR 9:08 PM
	3. SEX	RTHPLACE (STATE OR FOREIGN	4. RACE White The CITIZEN OF WHAT COUNT	S. DATE OF B	DAY YEAR 24 13	6. AGE (IN YEARS LAST BIRTH 7 4	YRS.	IF UNDER 24 HRS
7	C	ountry	USA	MARRIED WIDOWED		Wicomico		MD.
1	Sa	lisbury	Peninsula Gene	Tal Hosp:	ital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
1	13a S	Md Son	NTY 13C OTY OR T	OOC 130	I. INSIDE CITY LIMITS?	13. STREET ADDRESS /	ZIP COPE	21853
1	1	Roland	Horn.		Emma	WIDDLE	Tim	81 mons
1		VAS DECEASED EVER IN U.S. AF ES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIALS VE WAR OR DATES) J W II 214-13	2-6F36	Frances M	Horner F	inekrall Dr	ive nd 2185
		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSE	equence of gestive.	Arnest Ikart F	alune	BETWEEN	KMATE INTERVAL ONSELAND DEATH
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT PREVIOUS CONTROL OF OPERATION	CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING CONDITION FOR WH	Valve	Replacer	INAL DISEASE OR COND 1200 AUTOPSY? YES NO	ITION GIVEN IN PART 1 206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	NGS USED
~	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER. NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH	DAY YEAR 19	I LOCATION STREET	ED (ENTER NATURE OF INJURY		STATE
		22a. I certify that (1) (this hasp	ital) oftended the deceased from the property of the body ofter death. M. Wuland	19.87 ond 1	19 B7 hot in (my) (our) opinion of GREE ATTENDING PHYSICIAN D	to 7/2 death accurred on the date of the d	22c DATE	that (I) (we) lost e causes stated E SIGNED
			Wieland H.	0.		25.de Dr.	Sali3bur	, 4021801
		URIAL, CREMATION, REMOVAL	236. DATE 07 31 1987	Zion	ETERY OR CREMATORY	23d LOCATION City or Town Eden	Worcester	. Md

DHMH - 16 60M 7/B4 (VRA 15, 4)

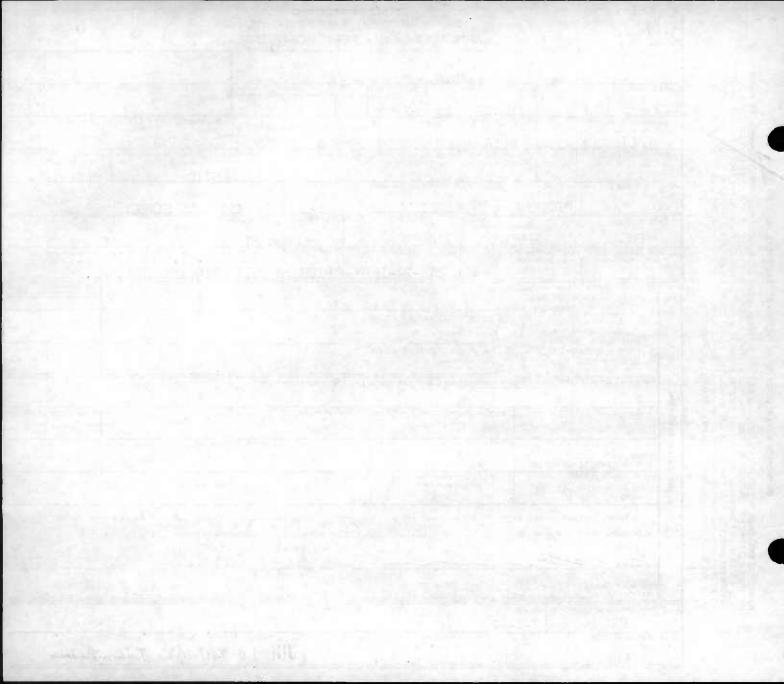
BP

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

L. Hinnan Jr Pr Anne, Md

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
JUL 3 1 1987

0.5	9766	1	FOR STATE		D	EPARTMEN		MARYLAND H AND MENT	AL HYGIE	NE	1	. 0	
	AN DEB		REGISTRAR		MED	ICAL EXA	MINER'S	CERTIFICAT	E OF DE	ATH RE	G. NO. "	4	
			CEASED NAME	FIRST		MIDDLE		LAST		20 DATE KNOW	MINOM X	DAY YEAR	26 HOU
	정보전했다	(,,,,		GEORGIA	VIR	GINIA	HU	TT		DEATH MATE	0 0 7	1 19 87	,
	事の主意語	3. SE)	4. RAC		ATE OF BIRTH	6. AG	E (IN YEARS IF U	NDER I YR IF U		2c. DATE PRONOUNCED	MÖNTH	DAY YEAR	2d HOU
	NOUS NO		F BLK	F	EB.22	25 62		THS DAYS HOU	MIN	DEAD	7	1 19 87	7:20
-	A PARTY PART		RTHPLACE (STATE OR REIGN COUNTRY)		ITIZEN OF WHA	AT COUNTRY?	8. MARI	RIED NEVER A	AARRIED [9 BALTIMORE C	ITY OR COUNT	Y OF DEATH	
	93500		SALISBURY		USA			A	VORCED	Wicomic	co Count		M
1		ID. CI	TY OR TOWN OF DE		NAME OF HOSP			HER INSTITUTION		SUAL OCCUPATION		12b KIND OF BUSI OR INDUSTRY	
1	\$08 HE		alisbury		114 Anne				DO	MESTIC		HOUSEWIE	E
5	ANY DELA	13a. S	L RESIDENCE (IF IN NI TATE	IRSING HOME OR OTHE	R INSTITUTION, GIVE	RESIDENCE BEFORE		13d INSIDE CITY LIM	HTS2 13e ST	REET ADDRESS		2181	1/
212	きる最高的	M	D	WICOMIC	0	SALISE	URY	YES X NO	0 4	14 ANNE S	TREET	0100	/
WD	ELENAL I	14 F/	THER'S NAME	MIDE	DIE	LAST		15. MOTHER'S A	MAIDEN NAM	AE MIDDLE		LAST	
E .	\$ 35 ES L		EDGAR	ALL		TRADER		MAR	GARET		NAIRN	E	
IMO	PAN SON	16a, V (Y	VAS DECEASED EVER	IN U.S. ARMED F		16b. SOCIAL SI	CURITY NO.	17. INFORMANT		RTE. 1,	BOX 139	21853	
BALTIMORE, MD.	JRS AFTER 8. GIVE PA WITH FOR I. PAGES I DIVISION					218-2	4-3870	RICHAR	D HUTT	PRINCESS	ANNE,	MD.	
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á	THIS C WARDE WARDE PAGE 3 STATE D 21201	Z	AT WORK AT W	WHILE	STREET, FACTO	RY, FARM, ETC.)	000	STREET		CITY OR TOWN	COL	UNIY	STATE
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	AND THE AND TH		death resulted from		T	Accident .	Suicide	Homicide [etermined monner	ond in my op	inion	
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	SEA SHA			ALION.	//		To the last			DICAL EXAMINATION	310142		
	TO MEDICAL EXAMINER: THIS CERCUTE THE CERTIFICATE, WRI PAGE & SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 21201		(TYPE OR PRINT)	William	M. Zane	M.D.		ADDRESS 1		n St., Ba	alto., M	4D 21201	
	53.45.48	23a.B	URIAL, CREMATION, F					OR CREMATORY	23d C	LOCATION TY OR TOWN	COUN	NTY STAT	TE
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25M	DHMH - 17	24. F	UNERAL DIRECTOR				BOX 920		DATE REC'D.	BY REGISTRAR 1336			
	(VR A15 ME (5))		JOLLEY N	MEMORIAL		SALIS.	MD.	J	UL 14	1987 Aug	ia Devideo	n. Kandass	



AARORTANT If hem 21 is marked or hem,

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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	FOR	DEPARTMENT OF H	EALTH AND MENTAL HYG	IENE			
	- STATE - BEGISTRAR	CERTIF	ICATE OF DEATH	8 PEG. N	0 2 1	6 5	1
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	(TYPE'OR PRINT) Abp.	11 John	VSON		07 15	87 2	2c
	3. SEX	4. RACE 5. DATE C		6 AGE (IN YEARS LAST B			24 HRS
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7	To BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8	D NEVER MARRIED	The state of the s	OR COUNTY OF DEA	ATH	
ĺ	GRORS14	1.S.A WIDOWE		Wicomico			MD.
P	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME C		120 USUAL OCCUPA		(IND OF BUSINE	SSOR
	Salisbury	Peninsula General Hos	spital	LADIR			
1	Manyland 136. COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN SELECT SELECT	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE 1309	2/80	siry st
	14. FATHER'S NAME FIRST	M/ODLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	HINSON	LAST	7
	160. WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO.	Dette	J (ADD)	ESS 13	Sans	ata BI
	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which	Ity one couse per line for (a), (b), and (c)! ED BY: TE CAUSE (a) CARDIO PULM DUE TO, OR AS A CONSEQUENCE OF		Cast	1 66	APPROXIMATE INJER TWEEN ONSET AND	RVAL DE ATH
		DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVEN IN P	ARI I a	
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA		LH3
			21¢ HOW INJURY OCCURR		URY IN ITEM 18 PART 1 OR P		
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN COU	NIY S	STATE
l	220.1 certify that (I) (this haspi	ital) attended the deceased from	, 19	, to		, that (1) (v	we) lost
j	saw the deceased olive on obove. (1) (we) (did) (did no	n	nd that in (my) (aur) apinian o	death occurred on the c	late and hour and lice	om the causes sto	ated
	226. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF	DATE SIGNED	27
1	22d. PHYSICIAN'S NAME (TYPE C NILITOLAS	L. OGBURN NAZ	MEDICAL (DENTER	SALIRE	BURY A	10.
	23a BURIAL CREMATION REMOVAL	236 DATE 236 NAME OF C	EMETERY OR CREMATORY	23d EOCATION	amon F	Kn 73	61
	TA FUNDRAL DIRECTOR	York Salisbury	750 / 23a DATE	EREC D. BY REGISTRAL	75h REGISTRAR'S SI	GNATURE	

STATE OF MARYLAND

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dec dec otte		Canditions, if any, which	(b) Jupille theululus allers
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RDS, require equire right Then to but injury.	Z	C. 11. A	XICCIII Ilminithing disaid
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# 4/5	5		IN CERTIFYING CAUSES OF DEATH?
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0 00 101 1	18	(IF EITHER, NOTIFY MEDICAL EXAMINE	
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発光 報名音 書		27b. SIGNATURE	DEGREE 224. DATE SIGNED
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E & E & Z	1	22d. PHYSICIAN'S NAME (TYPE	
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01 241 4	-	LALSA 17	GORIS Della Head Center, 2040. THE 2180
	230	BURIAL, CREMATION, REMOVAL	
BP		BUSIAL	7/28/1987 St. Philips Epic Chimbrian Tico Wic Md
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
(VRA 15, 4)	13	ALENTBOUND	S SALIS 100 4 Mcl. 1111 20 1007 11: 5: 5
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IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED WITHIN 72 HOURS IN RECORDS. 201 W. PRESTON STREET,		alisbury		Wicom	ico Ri	iver				Ma	inten	ance			iltry	
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321	-			ge of the remains de			Autop		Inspection		Inquiry	-			- 7.	
HONECTOR: PAGE 3 SHOULD BE UP HOWITH THE STATE DEPARTMENT OF MARYDAND, 21201 PRIOR TO BURI	K	deoth results		prol couses	Accident		ncide	, Homic			Inquiry termined m		ond in my	apinian		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

21660

20 PEGISTRAR				CERTI	FICATE OF DEATH	./	REG. N	0.				
(TYPE OR PRINT)	CLARI		M.	,	LAST LEWIS	20 DATE OF	DEATH	MONTH	DAY	YEAR	26 HOL	JR
	CLARI		PI.		EWIS	141	- 4	26,	198		100	A
3. SEX		4. RACE		S. DATE	OF BIRTH H DAY YEAR	6 AGE (INY		THDAY	MONTHS		HOURS	24 H
Female		White			18t 6,5,1911		75	YRS.				
7a. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	ED NEVER MARRIED	9 BALTIMO	RE CITY C	R COUNT	Y OF DE	ATH	1	
Mary	Land	USA		WIDOW	42	Wicom	ico					
Q. CITY OR TOWN OF	DEATH				OR OTHER INSTITUTION	12a USUAL					BUSINE	ESS
Salisbury	/		ula Ger	neral H	ospital	Seam	stres				g Ap	pa
130 STATE	13b COUN Some	OTHER INSTITUTION VIY	GIVE RESIDENCE IN COLUMN CITY OR Crisfi	TOWN	13d. INSIDE CITY LIMITS? YES NO X	Rt. 1			DE .	2181	333	
14 FATHER'S NAME					15. MOTHER'S MAIDEN NA						1	
Herman		E.	Riggi	n	I Lenor	a	WIDDLE		Tyl	er		
160 WAS DECEASED EN		MED FORCES?	7 7 7 7 7 7	SECURITY NO.	17. INFORMANT		ADDRI	ESS				
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18 CAUSE OF DE		ly one cause ne	line for (n) (h	at and (c) i					1.	APPROXI	MATE INTE	RVAL
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IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEP		FICATE OF DEATH	SIENE 2	0.	0			
23	187	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	-	DAY YEAR	2b HOUR		
	S. S.	PEAR	6 F1	orence	4	ITTLETON		07 3	10 84	8:00P M		
- 1	3. SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS		
		female	whit	e	July	21. 1913	73	YRS.	MONTHS DAYS	HOURS MIN.		
	7a. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.		9 BALTIMORE CITY		OF DEATH			
5		COUNTRY) Maryland	USA		WIDOWE	D NEVER MARRIED DIVORCED D	Wicomico			440		
1		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, N	JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT			MD. OF BUSINESS OR		
		lisbury			eral Hos	spital	shirt fac			ing manu		
A COUNTY	13a. S	AL RESIDENCE (IF NURSING HOME COTATE 136 COL		13c. CITY OR		13d INSIDE CITY LIMITS?	13.STREET ADDRESS	ZIP CODE				
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h	14. FA	ATHER'S NAME	WIDDLE	LAS		15 MOTHER'S MAIDEN NA	WE		LAS			
	1	William Hen:		Webb		Lilly	Bell		Timmo			
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDR	SS				
	()	no no	IVE WAR OR DATES	213 12	2 5551	Pat Foskey	Box 318-1 P	ittsv				
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	FD RY.			2			APPROXI 8ETWEEN	IMATE INTERVAL ONSET AND DEATH		
		DUE TO, OR AS A CONSEQUENCE OF										
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	ſΧ	couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONS	EQUENCE OF				3 14 18			
			(c)									
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONGIV	EN IN PART HE	3		
1	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN			
/	TIF						YES NO	YES	YING CAUSES	NO [
5	CER	21a. ACCIDENT WAS UNDERLYING	110110		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)			
7	CAL	OR CONTRIBUTING CAUSE OF DI	AID	M. MONTH	19							
	EDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OR TO	WN	COUNTY	STATE		
	W	WHILE NOT WHILE AT WORK	(A) HOME, ST	REET, PACTORY, OF	FFICE, FARM, ETC)	STREE!			- 1	3171		
	-	220-1 certify that HT (this has				19 19 17		0	19	that HI (we) lost		
	2	sow the deceased alive a above, M (we) (did) (did)	n 1 view the body	after death	19 87 ,01	nd that in (my) (our) opinion (death occurred on the de	ate and hou	r and from the	couses stated		
	25	226. SIGNATURE	or, wew me body	Office deoffi.		DEGREE			22c DATE	SIGNED		
	23	82 Cha	dough	-		M. O ATTENDING PHYSICIAN	MEDICAL STAI		2-20	0-87		
7		22d. PHYSICIAN'S NAME TYPE	OR PRINT)			22e ADDRESS	J-DIRECTOR 1111310					
		Dennis J. Ch	odnicki			Locust & Qui	ncy, Salisb	ury, l	Md. 218	01		
		BURIAL, CREMATION, REMOVA	L 23b. DATE		23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
		Burial	07/23	/87	Perdue	Cemetery	Powellvil	le W	icomico	Md.		
4	24 FL	JNERAL DIRECTOR	108	Willia	ams St.	25a. DAT	E REC'D. BY REGISTRAR	256 REGIST	RAR'S SIGNAT	URE P. A.		
	1	W. Kirk Burbag		ADDR	d. 21811		1111 24 198	1 8	ha Deord	Rate Continue		

060315 DELAY S NECESSARY, REAS 3.10 THE FUNERAL DIRECTOR N. PAGE 5 FOR YOUR FILES D. RE FILED, WITHIN 72 HOURS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1 PAGES 1

07/84 25M

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		WEL	JICAL E	XAMINEK'S	CERTIFI	CATE	JE VEATE	1	REG. NO.			
15 JUL	22	R PRINT			MIDDLE		LAST			OF ES	71	NIH DA		2h HOUR
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20年支援	3. SE		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS IF	UNDER I YR.	IF UNDER		DATE		NTH DA		2d HOUR
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A SEE		IRTHPLACE (51		76. CITIZEN OF WH		TRY? 8. MA	RRIED NI	EVER MARR	IED X		CITY OR CO	OYTMUC	FDEATH	
#3×52		aryta		U.S			OWED	DIVORC	ED L	Wicor				MD.
の東西自然人	10. C	ITY OR TOWN	OF DEATH	(IF NOT IN SUCH FAC	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)								OR INDUSTR	
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1300	13a. S	TATE	13b COUN		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)							21	RAI	
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NH SE	14. F.	ATHER'S NAME		WIDDLE	- 1	LAST	15. MOTH	HER'S MAIDE	ENNAME	MIDDLE			IAST	
を影響を	/		Frank						e Mae			1		
N SS C A	160. \	WAS DECEASED	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURITY NO.	17 INFOR	MANT		Al	DDRESS	- 1, 5	100	
WITH PAGE		No			219	-68-734	5 Fa	ther		5	ame			
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BE EXECUTE ENDING" IN WEDICAL EX AS A BURIAL ALTH AND A CREMATION	1,	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELAT	TED TO THE TERMINAL OIS	EASE OR CONDITI	ON GIVEN IN PA	ART I tol.					
	MEDICAL CERTIFICATION	19g. DATE OF	OBERATION	Title Course				B.11500						
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	E E	21. EVTEDNIA	L CAUSE WAS	21b. TIME OF	IN LILIDAY	Lai	11014/1511118						YES 🗌	NO 🔀
A 世 日 景 日 二	0	UNDERLYING	OR	HOUR A.M.		DAY YEAR	HOW INJUR	Y OCCURRE	D LENTER NATUR	RE OF INJURY IF	TITEM 18 PART 1	OR PART 2)		
SAN SECTION SE	S	CONTRIBUTION CONTRIBUTION	NG CAUSE OF I	P.M. 21e PLACE O	E INITIDY	19	LOCATION						7	
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WAN WAN PAG 212		AT WORK	AT WORK											
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ME TEN		death resulte	ed fram: Notu	ral couses 🔲 ,	Accident	, Suicide	XJ, Ham	icide	Undetermin	ned manner				
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NO CAND	1	EXAMINER'S	NAME Thom	as C. Hi	11 J	Jr.		Pine	Bluf:	f Rd	Sa	lich	21122	Md
TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WARD PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DEATMONES, MARYLAND, 21201	23a B		TION, REMOVAL 2		122, N	IAME OF CEMETER	_ADDRESS_		123d LOCAT		, ba	7 7 0 7	July,	110.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 061259 JUL 30-87 ATE DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) ESTI-Donald Andrew DEATH MATED 2619 87 6 AGE IN YEARS IF UNDER 1 YR. 2c DATE 2:00 Dec. 4,1970 10 Male White 26 1987 9 BALTIMORE CITY OR COUNTY OF DEATH Pennsylvania U.S.A. Wicomico County, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY INF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE)
Student School Salisoury Peninsula General Hospital USUAL RESIDENCE IF INNURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 STATE 136 COUNTY
Pennsylvania Fayette Perryopolis 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES X NO C R.D. 1 Box 163D 1547 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Donald Lynch Joyce E. Galla 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO INFPETryopolis, PADDRES 15473 Box665 1YES, NO. OR UNKNOWNI 181-52-0131 James Eley, R.D. 1 Cemetery Rd. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTED THE WORD." PENDING". IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMEDING TO THE CHIEF MEDICAL EXAMEDING TO THE CHIEF MEDICAL EXAMEDING THE STATE DEPARTMENT OF HEALTH AND MEDICAL WARN MAND, 21201 PRIOR TO BURRAL. lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR TO M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Subject drowned 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 CITY OR TOWN WHILE AT WORK water on Beach-Ocean City-Worcester MD. 220. I certify that I took charge of the remains described above, held an Accident X Hamicide death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Margarita A. Korell, M.D. 111 Penn St., Balto. Md. 21201 23¢ NAME OF CEMETERY OR CREMATORY 73a BURIAL, CREMATION, REMOVAL 23b DATE Burial July30,1987 St. Nicholas Ch. Perry Twnp., Fayette, PA 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ROBERT CR. ALTENBURGOREUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

(VR A15 ME (5))

THE VENEZUE OF THE STATE OF THE Johnson J. C. Standard I. Stan the contract of the contract o ALLY AND SON REPORT IN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.			

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	1	F	31	K	MONTH	15 8		4	YRS		S HOURS
70	COUNTRY)	e (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDO WED	NEVER MARRIED	0 19	altimore c LCOMIO		ITY OF DEATH	
Control II	CITY OR TO	WN OF DEATH	11. NAME OF Peninsu	HOSPITAL, NURSING FACILITY GIVE STREET	IG HOME OF	ROTHER INSTITUTION	N 120	USUAL OCC			OF BUSIN
5	SUAL RESIDE	NCE (IF NURSING HOME O 13b COU 50 M		130. CITY OR TOW MANO LIN	N 1	134. INSIDE CITY LIMI YES NO	- 6	REET ADDR	FESS / ZID CO	96 KING	mal?
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DHMH - 16 60M 7/B (VRA 15, 4)

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Page 4 may	director, po	3. SE	Female	4 RACE	Vhite	5. DATE C		6. AGE LIN YEARS LAST BIRTH
deoth. Po	neroi di		RTHPLACE (STATE OR FOREIGN COUNTRY) Portugal	7 Portu Gana	da-	WIDOWE		BALTIMORE CITY OR WICOMICO
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AND 21:	and the sould be	1130 C	AL RESIDENCE (IF NURSING HOME OR STATE)	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	4	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / : 8 Tettenha
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TIMORE be execu	Poges medic		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) NO	MED FORCES? E WAR OR DATES)	900-18-1		Same as #136	ard Madeira
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN THE TOX requires that the death certificate be executed the bours offending physician.	d by the attendin ease remove carb al, cremation, ar or ather traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	(b)	R AS A COMPEQUE	4 /	Ant M	
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TAL OR ,	State Dire		22b. SIGNATURE	14	40	C	ATTENDING PHYSICIAN	MEDICAL STAFF
O HOSPI	should be with the Sto		22d PHYSICIAN'S NAME (TYPEO)	Seaf	Cetto		27e ADDRESS H	, Salisbury,
Call	100	23a B	URIAL, CREMATION, REMOVAL	236. DATE	23c N	AME OF CE	EMETERY OR CREMATORY	23d LOCATION

- STATE Item #"s 1,7b,14,15 REGISTRAR 6/28/88 Film 640 CG

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20 DATE OF DEATH

IF UNDER 24 HRS

STATE

7/27/87

26 HOUR

IF UNDER 1 YEAR

COUNTY OF DEATH

126 KIND OF BUSINESS OR WORKING LIFE ife.

ZIP CODE da Luz

Daluz

(Son)

APPROXIMATE INTERVAL

TION GIVEN IN PART 110

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO [IN ITEM 18 PART 1 OR PART 21

COUNTY

that (I) (we) last

and hour and from the causes stated 22c. DATE SIGNED

21801 Maryland

Burial 08/01/1987 Prospect Cemetery

Toronto, Ontario, Canada

24. FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

SATATERES D. BY REGISTRAR 256 REGISTRAR'S, SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

(awarde U)

moy be

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH 8

		CEASED NAME OR PRINT)	onald		ohn	Ma	nzione	20. DATE OF DEATH	MONTH C	1987	26 HOUR 2242 M
	3. SEX	MARCE		CAUE WH	ite ASIAN	5. DATE 0		6 AGE (INYEARS LAST		IF UNDER I YEAR	IF UNDER 24 MRS HOURS MIN.
1		RTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF V	• COUNTRY	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Wicomico	OR COUNTY	OF DEATH	MD.
C	Sa	TY OR TOWN OF DEA Lisbury		Peninsul	a Genera	ADDRESS)	pital	12a. USUAL OCCUPA LIVPE OF WORK FOR MOS Self-emplo	T OF WORKING LIFE	EL INDUSTRY	contractor
35	130. S	Maryland	13h COUN		13c. CITY OR TOV Salisbu	VN	13d INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS Walston Sv	s/zipcode witch R	d., 2180)1
12		Peter	p.iii.		anzione		15. MOTHER'S MAIDEN NA Rose	WIDDLE		Sico	a
/		/AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	086-01-4		RFD #3 Box 3	Marie A ADD	nanzian Ty, Ma.	e (Wife))
		18. CAUSE OF DEAT PART I. DEATH W	'AS CAUSEI	y ane cause per O BY: E CAUSE (o)	META:	STAT	10 CARCINO	MA OF PA	COSTATE	APPROXIP BFTWEEN C	MATE INTERVAL ONSET AND DEATH
		Canditions, if ony, gove rise to imm cause (a), statin underlying couse	nediate ig the lost.	(b) DUE TO, OR (c)	AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERM				
2	CERTIFICATION	196 DATE OF OPERAT					N WAS PERFORMED	200 AUTOPSY?	20b IF YES, IN CERTIFY	, WERE FINDIN YING CAUSES	VGS USED
9		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEA	141	MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURE WHILE AT WORK NOT WH AT WORK		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE.	FARM ETC)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
		220.1 certify the (1) sow the decease				HUG 87,0	nd that in (m) (corr) apinion	deoth occurred an the	date and haur	ond fram the c	thot (1) we) lost causes stated
-		The Specification	Henry	y Sle	enask	MI	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [22c. DATE !	8/87
	0	JOHNHE JOHNHE	NEY	SHEW	ASKY	MI	Medical Cer	nter, Salisbu	ıry, Md.	. 21801	
- A	23a B	urial, cremation, specify) Burial	REMOVAL	23h DATE 07/31/			EMETERY OR CREMATORY ill Memory Gar	CITY OR TOWN	ron Wid	COUNTY	Maryland
14		NERAL DIRECTOR Olloway Fu	neral				250 DAT			RAR'S SIGNATU	URE

DHMH - 16 60M 7/8 (VRA 15, 4)

FOR

STATE	OF MA	RYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 1	0	0	1
DEC NO		617	

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO	D			
		CEASED NAME	FIRST		MIDOLE	(AST /	20.	DATE OF DEATH	MONTH OAY		26 HOUR	-
1		Vince			4	Ma	eshall			16	81	6 P	М
	3 SEX	nale	4.	Whit	e	S. DATE O			66		UNDER I YEAR	IF UNDER 24 HR	4.
2		RTHPLACE STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8. MARRIE	NEVER MARRIED	9 8	BALTIMORE CITY O	R COUNTY O	FDEATH		
4	10 00	nakyland IY OR TOWN OF DEA	TH 1	USA	HOSBITAL NILL	WIDOWE	DIVORCED OR OTHER INSTITUTION		Wicom 1		Tall White o		AD.
1	Si	nith Isla	nd	See.	CH FACILITY, GIVEST	ead C	enter	(TY	Waterman	F WORKING LIFE)	Seaf c		TK .
1	13a. S	TATE TYPIAND	13b COUNT Somer	Y	13c. CITY OR I		13d INSIDE CITY LIMIT YES NO 🛣	5? 13e. R	street address aural Rout	zip code ^{Bi} e (21)	ox 684 866)		
a	14. FA	THER'S NAME FIRST	AAH	DDLE	LAST	2.2	15 MOTHER'S MAIDEN	NNAME	WIDDIE		ŁAS		
1	14- 10	Howard (AS DECEASED EVER	INTITE ADAM	ED EODCES?	Marsh 166 SOCIALS		Venie		ADDRE	\$524.	Eva	ns	_
9		ES. NO OR LINKNOWNS	(#FYES, GIVE V	VAR OR OATES)	216-14			arsha	T-1	erton,	Md.	21866	
-		18 CAUSE OF DEATH	H (Enter only	one cause per	r lipe for (a), (b	, and ict	. 7	7	0	+	METWEEN C	MATE HITERVAL DEATH GHATE	
		771111111111111111111111111111111111111	IMMEDIATE		an	desre	speral	my	an	ih-			_
				DUE TO, O	R AS A CONSE	QUENCE OF	1 C P	0	1		100		
-		Conditions, if any, gove rise to imm	nediote	(b)_	Seu	ene	4.3.6	V					-
	31	couse (a), statin underlying couse		DUE TO, O	R AS A CONSE	QUENCE OF							
		PART 2. OTHER SIGN	HEICANT CO	NDITIONS C	ONTRIBUTING	IO DEATH BUT	NOT RELATED TO THE	TERMINA	L DISEASE OR CON	DITION GIVEN	I IN PART 10	3	=
	TION	C. V	. A	- 0	.0.	P.D.							_
1	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200	YES NO	20b. IF YES, V IN CERTIFYII YES	NG CAUSES		
5		21a. ACCIDENT WAS UND		21b. TIME C	F INJURY	DAY YEAR	21¢ HOW INJURY OC	CURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)		TV.
H	MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	Ρ.	Μ.	19	Bettiet til d						
	MED	21d. INJURY OCCURE	ILE 🗀		OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC)	21f LOCATION STREET		CITY OR TO	wN	COUNTY	STATE	
		220.1 certify that (I)	rk —	sttended th	a decensed for	7	- 7 10	87	· '7-	6 10	87	that (I) (we) la	
		sow the decease	d alive on_	7-	6	67.	nd that in (my) (our) opi	inion deat	h occurred on the do	te and hour a			151
		226. SIGNATURE	lid) (did not)	view the body	offer death.		DEGREE				22c. DATE	SIGNED	_
		Elsa	14.	a	me	M.	ATTENDIN PHYSICIA	NG N	MEDICAL STAI	F IAN	7 -	-6-8	7
		22d. PHYSICIAN'S NA	ME (TYPE OR F	RINT)			22e ADDRESS				- 11		_
		ELS	A	M. C	SOR	15	Deer's He	ead (enter-Se	lisbur	y, Md.	2180	1_
	23a. B	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	236. DATE			EMETERY OR CREMATO		23d. LOCATION CITY OR TOWN		COUNTY	Md.	
		INERAL DIRECTOR		7/9/	87	Tyterto	on Chutch Ce		Tylertor C'D. BY REGISTRAR		erset		_
		Bradshaw	& Sons		risfiel	d. Md.	21817	-1111	1 0 1007		Devider	^	die
						-		111	1 7 1301		<u> </u>		

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked ar Item 18 shows ony injury, or other troumotic event,

1 2 2 3 2 4	A. A.a.			
				Willes Made
100573) estroi Indiff		Tg Lepton		ing Lepit
	aine			bennami
dans in Marche, Mr. 121666				184
		0.9-6	P.A.	
2 20 6 20 20 30 30		M. more		
d Lenter- Wilders, No. 202	lega -	2175	MA	
il Januard medicity.	nal dejou-	ortal Starto	16/12	Fributt
	Main La	M. W. M.	5.70	Districts

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.) 0	4
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1	0.0	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	0 0	
0		CEASED NAME FIRST		MIDDLE	1-N	Natthews	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	(),,,,	Edward		S.	m	atthews	July 5	1987	1700 M
	3. SEX	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
		Male	White		wo0.	3 27 1919	68 YRS	MONTHS DAYS	HOURS MIN.
		A CONTRACTOR OF THE CONTRACTOR		WHAT COUNTRY?	B.	D X NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
d	Ne	ew Church, Virgi	nia U.S	S.A.	WIDOWE		Wicomico		MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
1	Sa	lisbury		la Genera		pital	Automobile Sal	esman	
25	USUA Tân S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		12. STREET ADDRESS / 71D CC	ODE.	
1		Maryland 136 COUN	mico	Fruitlar	id	YES NO	130 STREET ADDRESS / ZIP CO	Street	21826
	14 FA	THER'S NAME	MIDDLE			15 MOTHER'S MAIDEN NAM			
)		Edward	·	Matthews		Lillie	WIDDLE	Mason	
1		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT Mrs.	Winifred LDR Matt	hews (Wif	e)
	(1	res, no grunknown) (IF YES GIV	OR DATES)	217-10-2	2187				
		18 CAUSE OF DEATH (Enter on	ly one cause per	ise per line far (a), (b), and (c).)				APPROXI BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a) Windwaysurc			u Dusch	3	Meh.	
	2.		DUE TO, O	R AS A CONSECUE	LE OF			We Profes	
Ì		Conditions, if any, which							
ı		gave rise to immediate couse (a), stating the	- 12 13						
		underlying cause last.							
	7	PART 2. OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	SIVEN IN PART 110	
	101	(mas	Twice (son	000	cusma			
	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
0	RTI	113187	1	rach,	ucu	u avarmin	YES NO	YES 🗌	NO 🗆
1		216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER			19				
	MED	216 INJURY OCCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK							
		22a I certify that (I) (this haspi saw the deceased alive on				ad that in (my) (aux) apinion a	, to death occurred on the date and h	_, 19	
		abave, (1) (we) (did)/(did no) view the bady	ofter death.		DEGREE	Jedin occorred on the date ond r	22. DATE	couses stated
		CA	11	1 Auch	4. 1	ATTENDING	MEDICAL STAFF	7	Idus
-	54	224 PHYSICIAN'S NAME (TYPE O	A A L	Music	au y	PHYSICIAN A	DIRECTOR PHYSICIAN		3174
		CD Dure	Hales?			1117 15	CARDAIL OF	CA	1, crian
-	230 0	SURIAL, CREMATION, REMOVAL	23b. DATE	22. 6	IAME OF C	EMETERY OR CREMATORY	1234 LOCATION	, 210	- 13 501
		SPECIFY Burial		/1987	Wicom	nico Memorial	Park Salisbury, W	licomico,	Maryland
	24 FU	UNERAL DIRECTOR	1,0,				E REC'D. BY REGISTRAR 256. REG		
	1	lolloway Funeral	Home, I	P.A., Salis	bury,		11 9 4007 4		

JUL 8

Jelia Sinder Butes

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the busial-transit permit. Then please remove carbanpapers. Pagewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is morked on Item 18 shows any injury, or other traumotic event, the

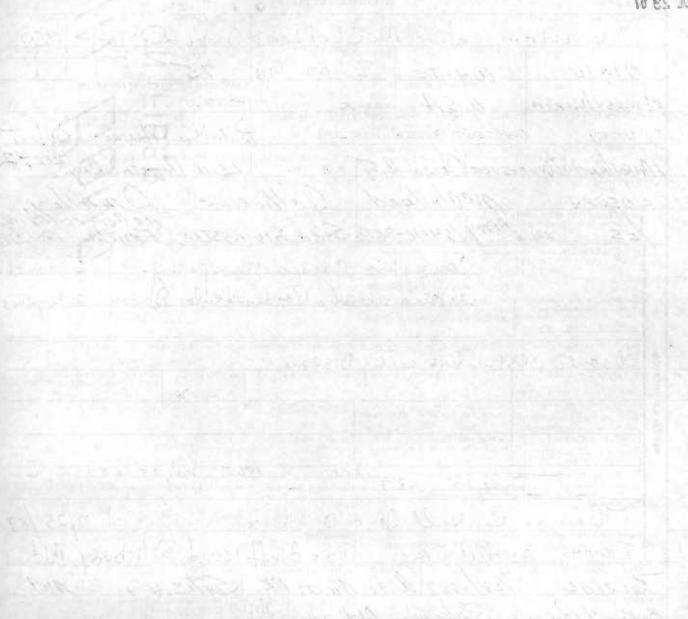
DUTIL PRESE POLICE STATE STATE Summer Comment on the Property of the Party 061053

STATE OF MARYLAND

DEPA

RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGH	ENE	REG. NO.	6	Ö	

000	JUL 1	0	REGISTRAK		CERTIFICATE OF DE	0	REG. N	0.		
	/		CEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY	YEAR 26 HO	UR
e g	W	(TYPE	ORPRINT) WILLIA	m el.	McC.Lell	AND	July 2	5, 1981	7 180	50 M
pod de d	N	3. SEX		4 RACE	5. DATE OF BIRTH	11.02	6. AGE (IN YEARS LAST BIR	THDAY IF UNI	DER I YEAR IF UNDE	R 24 HRS
de 4			mali	MHITE	MONTH DAY	YEAR 1911	75	YRS	DATS HOURS	MIN.
Pog	151	70.5	ETHPLACE INTAN DEFOREIGN	76 CITIZEN OF WHAT COUNTRY?	B		9 BALTIMORE CITY C		EATH	
oth.	67	1111	COUNTRY CHELLIA ALLA	1101	MARRIED NEVERMA	RRIED -	Wicomico			
de de	0		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		DRCED	12a USUAL OCCUPAT	ION II	b. KIND O'KBUSIN	MD.
4 42	8//	Com	A STATE OF THE STA	Peninsula Genera	ADDRESS)		TIVE OF WORK FOR MOST	FWOM HE LIFE IN	DUSTRY	755
i di	0.0		lisbury	OTHER INSTITUTION GIVE RESIDENCE BEFORE			reduction,	- PIANNEN	5 DU	LXD
2 1	歌	I Io	JATE 136 COUN	TY OR TOW	NA 134 INSIDE CITY	Y LIMITS?	13e.STREET ADDRESS	ZIP CODE	Dav ZIS	如
事「意か	10/2	M.F.	THEI'S NAME	MIDDLE LASY/	15. MOTHER'S M	AAIDEN NAM	MIDDLE .	0	1	
2 60	AZ	1/	JOSEPH	mca/e//p	NO (In	2 their	EINE	On	19/10	11.
3 80	10	lán. V	AS DECEASED EVER IN U.S. AR S NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17. INFORMANT		ADDRI	SILARA	100rds	Bid.
1 58	1		(IF YES, GIV	II 164-18-	-3620 54RA	211	MESTAN	FENT	land M	0/2/00
# 00 m	4	1	IR CAUSE OF DEATH (Enter of	ily ane cause per line far (a), (b), an	dien		720	1	APPROXIMATE INTE	ERVAL
fice phys	6	100	PART I. DEATH WAS CAUSE	Ď BY:	line Cond	10	nu ony th		6 MA	11
5 94	11		IMMEDIA	E CHOOL (o)	Toole Colla		0000	7	- V M	M / K
1 10	343		Conditions if any which	DUE TO, OR AS A CONSEQUE	SOOM J.	and:	war Oas	Mecal	77 1	
7 36			Canditions, if any, which gave rise to immediate	(b) <u>COC (7008</u>	Scource	Jul Co	300 Augor	V)> 50-4		Trus
E 22	0.4	1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF				/	
1 20	0 0		DART 2 OTHER SIGNIER AND	CONDITIONS CONTRIBUTING TO I	DE ATH BUT NOT BELATED TO	O THE TERMS	NAL DISEASE OR COM	DIVION CRIENT	1 D 4 D 7 1	
en sign	injury injury	NOI	Chronic O	by tructive Le	una Disea	J THE TERMIT	NAL DISEASE OR CON	DITION GIVEN IN	PARI Ita	
1 1	1 6/	CA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORA	AED '	20a AUTOPSY?		RE FINDINGS USE CAUSES OF DEA	
20 24	6/	=					YES NO	YES 🗌	NO [
N. A. S.	1 8	CERT	210. ACCIDENT WAS UNDERLYING	110110 111 11011711 0	21c. HOW INJU	IRY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	PART 2)	7.77
20 0	2 19	AL	OR CONTRIBUTING CAUSE OF DEA	NID .	19					
A part	1 1	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		CITY OR TO	Number C	OUNTY	STATE
O ä e s	New Company	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC) STREET		CITORIC		001411	SIMIL
O P O	E E			tal attempted the deceased fram	Sent	19	USo Inle	25 19 8	7_, that (I)	(was last
TEN Or U	of H		saw the deceased alive an	Jule 25 198	7, and that in (my) (or	opinian di	eath accurred on the d	ate and haur and		
REC REC	E E	104	22b. SIGNATURE	t) view the body after death.	DEGREE				22c. DATE SIGNED	
D P	T He		Flowers	C 61.00	A. MA ATT	ENDING	MEDICAL STA	FF _	7/25	100
BY BY	13-		22d. PHYSICIAN'S NAME (TYPE O		22e ADDRESS	YSICIAN X	DIRECTOR PHYSIC	IAN	1/23	101
SA NA	PORT	- 4	THOMAS (1 1111	Day	01 11	0.15	5/1.	a M	1
0 \$ 0 %	1 2	-	(IIIII)	- Hill or	I Me 1	Duff	-1200g -	ulisbu	14,116	2
		23a B	URIAL, CREMATION, REMOVAL	236 DATE 23c.1	MAME OF CEMETERY OR CRE	EMATORY	23d LOCATION	COU	NIY	STAPE
BP	-	1	DURIAL	128/1987 W	166. Mem	IK,		Bury	Me	1
DHMH - 16 60	OM 7/84	14 5	INERAL DIRECTOR	ADDRESS	hal	25a. DATE	REC'D. BY REGISTRAR	1100		
(VRA 15,	4)	10	KAP Y /JOUNG	75 HICAUR	1. 11101. 7181	1 001	- 40 190/	Huma De	ordern. Kand	alle



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

may be

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

21670

MCKAY 5. DATE OF BIRTH MONTH 12 29 8 MARRIED NEVER MARRIED	20. DATE OF DEA	7-16-87	DER I YEAR IF UND	00AM						
5. DATE OF BIRTH MONTH 12 29 8 MARRIED NEVER MA	VEAR 80	AST BIRTHDAY) IF UND	DER I YEAR IF UND							
5. DATE OF BIRTH MONTH 12 29 8 MARRIED NEVER MA	VEAR 80	MONTHS	DER I YEAR IF UND							
MONTH 29	VEAR 80	MONTHS								
12 29 MARRIED NEVER MA	06 80									
MARRIED NEVER MA	- 9 BALTIMORE C	117.3		3 3111						
MARRIED LI NEVER MA	DALIMONEC	ITY OR COUNTY OF D	EATH	-						
WIDOWED TO DIVO	ARRIED 🔟	III OK COOMIT OF D								
THE ZX	ORCED WICO	MICO COUNTY		N						
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPA										
				00						
	Sealisti	ess · Mc	DILIS &	CO.						
	Y LIMITS? 13e.STREET ADDR	RESS / ZIP CODE								
re YES 🛭 🔞	vo □ 2413 Ja	mes Street	21230	- 1						
	MAIDEN NAME									
				7.7						
		DDDESS		11						
URITY NO. 17 INFORMAN	11	212	04							
5000 Audrey	y Strieb 1 Sme	eton Place	n Place Apt. 607							
PART I. DEATH WAS CAUSED BY:										
IMMEDIATE CAUSE (0) TRUNCOLOGY TX TIME LEUREMIA										
ENCE OF			,							
gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF										
DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART 110							
OPERATION WAS PERFOR	MED 200 AUTOPSY	20b IF YES, WEF	RE FINDINGS US	SED						
	URY OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18 PART 1 O	R PART 2)							
	4									
FARM, ETC) STREET	Cit	YORTOWN	YINUC	STATE						
0 0	24									
WHILE NOT WHILE AT WORK 220-1 certify that (1) (this hospital) attended the deceased from 7-7, 1987, to 1-16, 1987, that (1) (weetlast										
87_, and that in (my) (on opinion death occurred on	the date and hour and	from the couses	stated						
also all the second did not view the body after death.										
DEGREE DEGREE										
at the comme	TENDRIO - MEDICAL	CYAFF	1 1 11 -	1K						
at the comme	TENDING MEDICAL HYSICIAN MEDICAL	STAFF HYSICIAN	1110	1 1 1						
at the comme	TENDING MEDICAL HYSICIAN DIRECTOR P	STAFF HYSICIAN [1/19	10/						
AT PH			MD 218	01						
AT PH	TENDING MEDICAL PHYSICIAN MEDICAL PROPERTY.		MD. 218	01						
AT PH	AVE & RT. 50,	SALISBURY,								
22e. ADDRESS CIVIC	AVE & RT. 50,	SALISBURY,								
22e. ADDRESS CIVIC NAME OF CEMETERY OR CF	AVE & RT. 50,	SALISBURY,	Mary							
LIEVI DE LE	ING HOME E ADMISSION) IN 13d, INSIDE CITY YES M IS. MOTHER'S, FR PUTY INFORMAN AUGUST ENCE OF ENCE OF ENCE OF DEATH BUT NOT RELATED TO OPERATION WAS PERFOR AY YEAR 19 211, LOCATION STREET	ING HOME Seamstr E ADMISSION) 13d. INSIDE CITY LIMITS? YES NO 2413 Ja 15. MOTHER'S MAIDEN NAME FIRST DUTY MARY AND JRITY NO. 17 INFORMANT AUGUST ENCE OF ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR OPERATION WAS PERFORMED 200 AUTOPSY YES NO AY YEAR 19 211. LOCATION STREET 19 211. LOCATION STREET CITY 13e.STREET ADDR 2413 Ja ME AND FIRST FIRST AND FIRST FIRST AND FIRST FIRST	ING HOME Seamstress Mo ADDRESS / ZIP CODE YES NO 2413 James Street IS. MOTHER'S MAIDEN NAME FIRST MIDDLE MATY ANNE JRITY NO. 17 INFORMANT ADDRESS 212 AUTOPESS ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN COPERATION WAS PERFORMED AY YEAR 19 FARM. ETC.) 211 LOCATION STREET CITY OR TOWN COPERATION COPERAT	Seamstress Morris & Seamst						

12	JUL	1.1	1671						
e d t			ECEASED NAME FIRST	MIDDLE Naomi		AST Mills	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
director, page 3 hours after death		3. SEX		4 RACE 5. DATE OF BIRTH		6 AGE (IN YEARS LAST ENTHDAY) IF UNDER LYEAR IF UNDER 24 HRS			
rol direc 72 hours	- Se		COUNTRY)	white 76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	30,1903	84 9 BALTIMORE CITY OF WICOMICO	YRS. R COUNTY OF DEATH	
the fune			Md. CITY OR TOWN OF DEATH alisbury	U.S.A. WIDOWED DIVORCED DIT NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION PENTITISTITATION		126. USUAL OCCUPATION	FWORKING LIFE) INDUSTRY		
lled*in by old be file	Dod jew	USI 13a.	STATE 136. COUN		V		homemake	^	
roletely fi	19/	14. FATHER'S NAME		15. MOTHER'S M		YES NO KX 15. MOTHER'S MAIDEN NAM E	none Middle	Tođầ	
200	7		WAS DECEASED EVER IN U.S. AR/	MED FORCES? 16b. SOCIAL SECUL E WAR OR DATES) 212-14-4		17 INFORMANT Alva Mae M	BÔX ^{RE}		
n signed by the attending phi Then please remove corbon por to buriol, cremotion, or rema	injury, or ather troumatic even	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	Ly ane cause per line for (a), (b), and DBY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PART 110	
t permit.	àuo sono	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
certificate urial-transi tental Hygi	Hem 18	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED {ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
os the but	morked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA		211 LOCATION STREET	CITY OR TO		
d for use	m 21 is m		saw the deceased alive on above, (I) (are) (did) (did not	tal) attended the deceosed from	97, or	nd that in (my) cor; opinian d		ite and haur and fram the causes stoted	
RAL DIRE detached state Dept	T. T.		226. SIGN 3 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	. That	m	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	FIAN 7/2/87	
should be	MPORTAN		James E.	Martin, mil		145 E. G.	011 St.		
			BURIAL, CREMATION, REMOVAL (SPECIFY) burial			M. PARK	23d LOCATION CITY OR TOWN CAMBRID		
- 16 60A RA 15, 4			FUNERAL DIRECTOR THOMAS FUNERAL	L HOME CAMBRI	DGE	1111	0 6 1987	Julia Dendon Radale	

DHMH - 16 60M 7/84 (VRA 15, 4)

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May Sugar				

060	146	JUL 2	L R	FOR STATE PREGISTRAR	FIRST		DE		ERTIF	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	REG. N	0.	DAY YEAR	2 126 HOUR
3	of a	. ^	(TYPE	OR PRINT!			S.	M	ITCH	FT.I.	Tal. DATE OF BEATT		08 87	8.27 B.
	poge poge er deot		3. SEX			I. RACE			DATEO	F BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	s off			Male		Cauc	asia	n	Jun		77	YRS.	NONTHS DATS	HOURS MIN.
	Pog Pldire	11/		OUNTRY	DREIGN 7	L CITIZEN OF		INTRY? 8		NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
	deoth unerg	70		laware		USA		V	VIDOWE	D DIVORCED	WICOMICO			MD.
	s ofter by the filed with	30	1	TY OR TOWN OF DEAT ALISBURY	1	II. NAME OF H	FACILITY, GI	VE STREET ADD	RESS)	R OTHER INSTITUTION	(TYPE OF WORK FOR MOSTO) Tile inst.		INDUSTRY	of Business or ldina
VD 212	filled in lould be f	116	130. S		136 COUN	TY	13c. CITY C	OR TOWN		13d INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE	(79999
MARYLAND	within letely d 2 sh	a wine		CLAWATE L		SSEX		AST		15. MOTHER'S MAIDEN NA			LA	VE
	comp	9	16a. V	Thomas	N U.S. ARA	1 1	tche	L SECURIT	Y NO.	E11a 17 INFORMANT	ADDRE	fel,	DE 19	2056
MOR	Poge	Z di	(1	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	221	10 9	877	Aileen C	. Mitchell			dcreek
BALTIMORE,	Cote by	nt the		18 CAUSE OF DEATH PART I. DEATH WA	Enter only	y one couse per	line for (o)		7	Un van la	2/1		APPRO BETWITER	VIMATE INTERVAL
V ST.	Trong trong	ic even	111			CAUSE (0)	ena	rue	-/	VI 10 m Bo	<i>9</i> / <i>3</i>		1	wys
PRESTON ST.	deoth ottend ove co	otion, o roumot		Conditions, if ony,		DUE TO, OF	PAS A CON	SEQUENCE !	SEA	arter &	derose	5	6	w.
3	that the	ol, cremo r other tr		gove rise to imm couse (a), stating underlying couse	the	DUE TO, OR	AS A CON	NSEOUENC	E OF					
RDS, 201	equires n signed Then pla	r to burn injury, o	NO	PART 2 OTHER SIGN	IFICANT C	ONDITIONS <u>CO</u>	NTRIBUTIN	NG TO DEA	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITIONGIV	EN IN PART 1	(0
L RECO	Per per	ows ony	CERTIFICATION	196 DATE OF OPERAT	ION	19b. CONDI	TION FOR	WHICH OP	ERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI	INGS USED S OF DEATH?
DIVISION OF VITAL RECORDS,	ZSO	tem 18 sh		216. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DE AT		M, MON	TH DAY	YEAR	21c. HOW INJURY OCCUR		1		
SION	PHYSIC rending this ce he burit	d or He	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE C	OF INJURY	OFFICE, FARM		21f. LOCATION STREET	CHTY OR TO	wN	COUNTY	STATE
NO N	ortol or of TOR: After for use os t	of Heolth o 21 is morke		226.1 certify that (1) (this hospite	_///	eceosed	from 2	2 - Z. on	d that in (my) (our) opinion	to 7	ate and hour	ond from the	, that (I) (We) lost e couses stated
•	TAL OR A by the hosp RAL DIREC detoched	State Dept.		228. SIGNASORE	5/0	Eles	R	2	[MEDICAL STAN	FF IAN 🗌	22c DATE	987
	ro Hospital retained by t TO FUNERAL should be det		1	EARL M. E	1	SLEY, M.	.D.			22e ADDRESS CIVIC AVE &		LISBUI	RY, MD.	. 21801
		, 7,		URIAL, CREMATION, F	REMOVAL	23b DATE				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	THAT	COUNTY	STATE
	BP	_		hurial INERAL DIRECTOR		7/11/	/87	Lodo		llows Cem.	Laurel	SUSSI		laware
9999	HAND 100	// 7/B4 4)		NAME	Disha	aroon b		578 L	199	56 el DF	L 1 7 1987	Julia	(colder	Kandana
THE OWNER OF THE PERSON NAMED IN	21													

STATE OF MARYLAND

Salisbory Feriments Seneral Corpies And the state of the second of the state of the state of the second of t

the funeral director, page 3 within 72 hours offer death

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	STATE OF MARYLAND
FOR - STATE	DEPARTMENT OF HEALTH AND MEN
- STATE	CERTIFICATE OF REA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	1	6	1	2
REG. NO.	3			

d	0.7	REGISTRAR		CEKITI	CATE OF DEATH 3	REG. NO			
٩		CEASED NAME FIRS	ST MIDDLE	L L	AST	20. DATE OF DEATH	AONTH DAY	YEAR	26 HOUR
ı	(TYPE)	OR PRINT} Chai	rles Henry	N	loutton	July	2	1987	8:90 AM
1	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAY BIRTH		UNDER I YEAR	IF UNDER 24 HRS
1		Male	White	Sep		81	YRS.	NIHS BAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIG		Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTYO	F DEATH	
-		Maryland	US	WIDOWE		Wicomico			MD.
1	10. CI1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
1		lisbury	Peninsula Gener	cal Hos	pital	Waterman			
-	USUA 13a. 5	AL RESIDENCE (IF NURSING HOTATE	OME OR OTHER INSTITUTION, GIVE RESIDENCE BENCOUNTY 136, CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE	90	g Copylig
1	Per	nnsylvania		ersbu		2195 Stat		17	520
П	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	
6	2	Francis	William Moult	on	Lill		F		atrick_
2		AS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRES			
	(4	Yes	VES, GIVE WAR OR DATES) WW I 219-16	-8104	Barbara A.	Holliday	Item	# 13	
		18. CAUSE OF DEATH (En	iter only one couse per line for (a), (b),				20011	BETWEEN	MATE INTERVAL
Ž,		PART I. DEATH WAS C			ASCURE COLLARS	=			
-		IMM		NUTS OF					
		Conditions, if any, which	DUE TO, OR AS A CONSEC	LES!	ARATORY FAILU	RE			
	77	gove rise to immedia	ote				DISEASE	_	
		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	SUENCE OF	KED CHEDING O	BSTENCTUE PLE	MOUNCY		
١		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO					IN PART 1	
	Z O								
19	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
¢	CERTIFICATION					YES NO	YES	CAUSES	NO [
Ī	GE	210. ACCIDENT WAS UNDERLYIN	LICHE A M. MONITH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM TE PART	I OR PART 2}	
ĵ	AL	OR CONTRIBUTING CAUSE	OF DEATH	DAT TEAR	SECTION 19				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TOW	rhi	COUNTY	STATE
	Z	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC)	STREET	CITY ON TOW		COUNT	STATE
	50		hospital) attended the deceased from	n 41	30 1987	10 7/0	19	87	that (I) (we) lost
			ive on 7/1 19 old not) view the body ofter death.	77/	nd that in (my) (our) opinion o	death occurred on the dat	e and hour a	nd from the	couses stated
		22b. SIGNATURE	ord not) view the body ofter death.		DEGREE	,		In DATE	SJENER
ì	-	x1/1/	W Kopulh 110		ATTENDING PHYSICIAN	MEDICAL STAFF		7/	2/27
		22d. PHYSICIAN'S NAME	(TYPE OR PONT)		22e ADDRESS	J DIRECTOR [PHYSICI	AN	1	10/
ì		SPAIN	KAENCKI MD						
	23a. B	URIAL, CREMATION, REMO		I NAME OF C	EMETERY OR CREMATORY	123d LOCATION	-		
		"Burial	7/5/87		Churchyard	Taylors	Isla	nd Do	or Md.
		INFRAL DIRECTOR			25a DATE	REC'D BY REGISTRAR 2			
		THOMA.	S FUNERAL HOME	CAMBR	IDGE MD JIII	06 1987	1.1 ~	sidem !	Pandall
			- 3 O.L. LICITE	OHITDI	TDGE / HD POE	1001	There was	L. L. B. C. S.	

BP. DHMH 6 60M 7/84 VRA 15, 49

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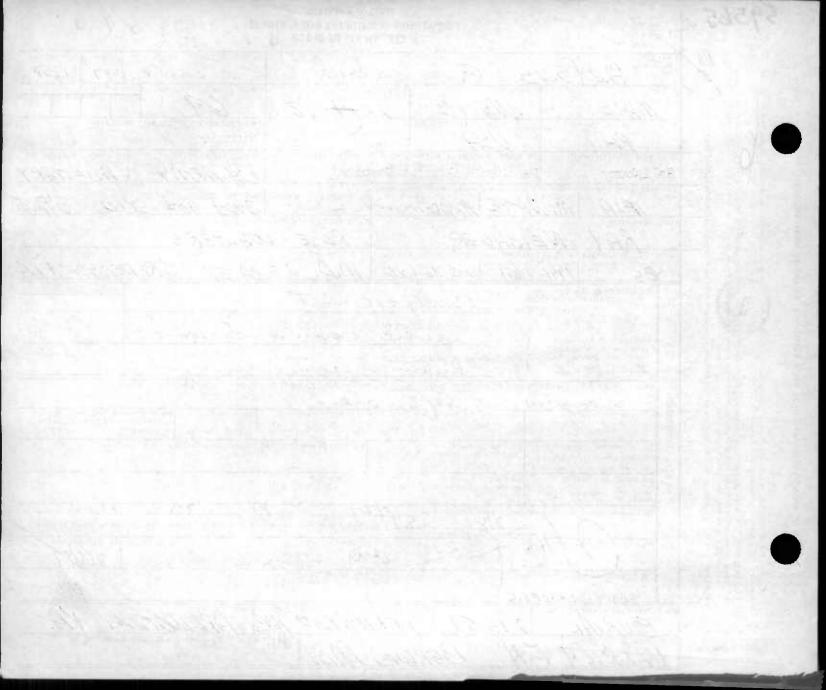
TO HOSPITAL

OR ATTENDING PHYSICIAN: The low attending physician.

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar ather traumatic TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ark

Men s plat i restricting the Q AND DESTRUCTION OF THE BOUNDE

59565	I	tem #5, G-629, 7/23	8/87, by F.H., / Gbj	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	HAIE 2 4 4	7 5
	2	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	, ,
, E4	1. DE	CEASED NAME IRST	MIDDLE	NEIBAUER	26 DATE OF DEATH MONTH DA	Zu HOOK
moy be poge 3	3. SE	1,10	4. RACE	5. DATE OF BIRTH 24		UNDER I YEAR IF UNDER 24 HRS
rector urs off		MALE	WAITE	2-44-18	69 YRS	DAYS HOURS MIN
Onerol di		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF WICOMICO	F DEATH
by the filed will	Sa	lisbury	Peninsula Genera		120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OF INDUSTRY
AND 21:	13a. S	FLA MA	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES NO [13. STREET ADDRESS / ZIP CODE	w. 9343
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN. The law requires that the death certificial physician. We have certificate has been signed by the office of the properties of the buriotic permit. Then please stribe to be propertied to as the buriotic permit. Then please stribe to be propertied to a stribe file in by one Americal Hygene prior to buriot, a medical control or them 18 shows ony injury, or other troumantic event, the medical examiner may be orded or them 18 shows ony injury, or other troumantic event, the medical examiner may be a controlled.	91	RAY NE	EIBAUER IAST	ROSE C	WALTERS	LAST
TIMORE execute and confice of the co			MED FORCES? 166 SOCIAL SECU 16 WAR OR DATES) - 1961 215-26-4	TO MIA VE	IBAUER BRAN	DERSON, FL
ST., BAL		PART I. DEATH WAS CAUSE	ily one couse per line for (o), (b), an D BY: TE CAUSE (o)	or cereal		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death of troumatic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	ENCE OF Coscular	- Oseva	
har the same other tree other tree		gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A SONSEQUE	was centre	aueur-	
RDS, 20 equires t a signed Then ple to burio nijury, or	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	JIN PART 110
AL RECOI	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
ON OF VITAL RE TYSICIAN. The ic ding physician. Is certificate has burial-transit per Mental Hygiene; or item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	I OR PART 2)
IVISION O IVISION O Other this cert s the buriel o and Menter rked or Herr	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE NAT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	211 LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN prital or TOR: African for use or of Health		sow the streesed alway on	tol) ottended the deceased from	and that in (my) (our) opinion of	, to	that (I) (we) los
ral OR a y the hos tal DIREC detoched ore Dept		77h SIGNATURE	In	DEGREE ATTENDING PHYSICIAN S	MEDICAL STAFF	72/8/87
HOSPI' ned b FUNEF vld be old be		CRAIG SCHAE	1	22e ADDRESS		1 42 (
	23a E	SURIAL, CREMATION, REMOVAL	23b DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	DIATE
99 DEMH) 16,60M 7/84	24 Pl	INERAL DIRECTOR	7-13-81 /	250 00 1250 00	EREC DABY REGISTRAR 256. REGISTRA	IR SSIGNATURE
(VRA 15, 4)	6	LAKIUN F	IN. DERI	11/13/11/13,		



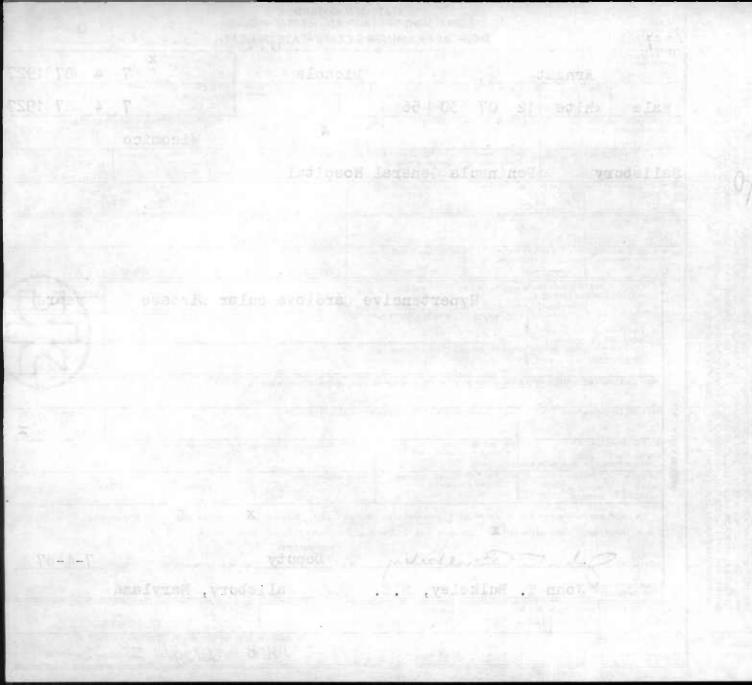
BP.

DHMH - 17

(VR A15 ME (51)

07/84

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN X 7b. HOUR (TYPE OF PRINT) ESTI-198 1927 24 HOUR 1925 1087 9 BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12b. KIND OF BUSINESS 120 USUAL OCCUPATION ITYPE OF WORK Delmarva Power 303 E. Pine St. LAST ADDRESS (same as above) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cardiovascular Disease years 20 AUTOPSY? YES NO 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 COUNTY STATE 7-4-87 Salisbury, Maryland Burial 7-8-1987 St. Stephens Cem. Delmar Sussex Delaware 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Dividson. Rondoces Short Funeral Home Delmar, Delaware



060742

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 0	0	1
REG NO.		

1,21	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
1. DECE	ASED NAME	FIRST		MIDDLE	i	NISHINO	20. DATE OF DEATH	/	DAY 21EAR 8	26 HOUR
		GRAY	CE	н.	NI	SHINO		JULY	21,1927	13421 M
3. SEX			4. RACE WI	HITE (S. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS HOURS MIN.
I	FEMALE		JAPANI		DECE	EMBER 13,1919		YRS.		
	HPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	XXEVER MARRIED	BALTIMORE CITY Wicomico	OR COUNT	Y OF DEATH	
	LIFORNIA		U.S.A		WIDOWE					MD.
Sal	or town of DEA. isbury	/	Peninst	da Genera	11 HOS	spital	120 USUAL OCCUPA (TYPE OF WORK FOR MOSE SEAMSTR	TOF WORKING L		T_CO.
USUAL 13a. STA	RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP COD	DE	
	RYLAND	WORCI	IESTER	OCEAN P	INES	YES NO XX	36 BRAM	BLEWOO	D DR 218	811
14. FATE	HER'S NAME FIRST MASAHARU		MIDDLE	TOYAMA		15 MOTHER'S MAIDEN NO FIRST SHIZ	MIDDLE		FI	sı UJIWARA
	S DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	RESS		
NC		(IF TES, OIV	WAR OR DATES	558-28-6	5027	GREGOR F. N	IISHINO	SA	ME AS #	
1	CAUSE OF DEAT	H (Enter on	ly one couse pe	line far (o), (b), on	dici.i	, -		0	BETWEEN	ONSET AND DEATH
NO.	PART 2. OTHER SIG	19	100			NOT RELATED TO THE TER	200 AUTOPSY?	20b. IF YE	ES, WERE FINDING CAUSES	NGS USED
	10. ACCIDENT WAS UN	_	I HOUR A	OF INJURY	AY YEAR	21c HOW INJURY OCCU				NO L
S.L	(IF EITHER, NOTIFY MED	CALEXAMINER) P	.M.	19	an and arrivant				
	MHILE NOT WELL WORK	HILE		OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITYON	TOWN	COUNTY	STATE
2	20.1 certify that (1) saw the deceos abave, (1) (we) (ed alive on	7/-	21 19	87.01	nd that in (my) (aur) opinion	deoth occurred on the	dote and ho	our and from the	that (I) (we) last causes stated
3	25-SIGNATURE	1	27)		DEGREE ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN []	7/c DATE	LI/87
2	2d. PHYSICIAN'S N	AME (TYPEO		FF E	770	22e ADDRESS P	SALIS	BURY,	MD.	
{SP	RIAL, CREMATION	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
24 FUN	REMATION SERAL DIRECTOR		7/22		WESTV:			NSVILL ARIZSB. REGIS		MARYLAI
L	EROY M. &	RUSS:	ELL C.	WITZKE WU CATONSVIL	NERAL LE, M	HOMES P.A. D. 21228	TE REC'D. BY REGISTR	7 gul	ia Devideo	TURPandass

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8

0 1	5	1	8
REG. NO.			

/		CEASED NAME	FIRST		MIDDLE	L	AST .	20. DATE OF DEATH MON	TH DAY YEAR	2b. HOUR
2			Ruth	Esther	r Nock			July 12, 198	37	
4	3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
Jan .	Fe	emale		White		Jan.	13, 1924 YEAR	63	YRS	HOURS N
-		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y2 8		9. BALTIMORE CITY OR CO		
-85		ryland		U. S. A	Δ	WIDOWE	DEVER MARRIED DIVORCED	Wicomico		
70.0		TY OR TOWN OF DE	ATH		-		OR OTHER INSTITUTION	12ª USUAL OCCUPATION		OF BUSINESS
	De	lmar			#3 Box			Switchboard (
Sec. 2	13a. S	AL RESIDENCE (IF NUR TATE LTVland	13b. COUN		GIVE RESIDENCE BEF	NWC	13d INSIDE CITY LIMITS?	130. STREET ADDRESS R.F.D. #3 Box	× 7 2	1874
Je J		THER'S NAME	1,120				15. MOTHER'S MAIDEN NA	ME		1
3/1	.T1	ilius C. G	reen	WIDDLE	LAST		Eva Lee Ken	MIDDLE	t,	AST
8		AS DECEASED EVER		MED FORCES?	165. SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRESS		
2/		ES. NO OR UNKNOWN)		E WAR OR DATES)	218-14-		William H	Nock Jr. (same	a ac above	,
V	110						WILLIAM II.	NOCK JI. (Same		DXIMATE INTERVA
2		18 CAUSE OF DEAT PART I. DEATH V	TH (Enter or VAS CAUSE	nly one couse per DBY:	r line for (0), (b).	ond ich	3.		BETWEEN	NONSET AND DE
1/			IMMEDIA	TE CAUSE (0)	ING 10	5700	1 Clerk	cel		
10		4		DUE TO, O	R AS A CONSEC	DUENCE OF				
5	H	Conditions, if ony	, which	((b)_						
t o		gove rise to im		(0)_						
ě		couse (a), stati		DUE TO, O	R AS A CONSEC	DUENCE OF				
oth		underlying cous	e lost.	((c)						
ö		PART 2 OTHER SIG	NIEIC ANT		ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIE	ON GIVEN IN PART I	In
jury	Z	TANT 2: OTTEN SIO	THE ICAIN	condinons <u>c</u>	OTT THE OTT THE	O DEATH OUT	THE TENTE OF THE TENT	THE BIOLING ON CONSTITUTE		
y ci	CERTIFICATION	190 DATE OF OPERA	TION	10h COND	ITION FOR WHI	CH OBERATIO	N WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FIND	INGS LISED
59	S	140 DATE OF OPERA	NON	148 COND	IIION FOR WHI	CH OPERATIO	N WAS PERFORMED		CERTIFYING CAUSE	S OF DEATH?
yor /	TIE							YES NO	YES 🗌	NO 🗆
18 sho	G	210. ACCIDENT WAS UN	_			DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
E /	A	OR CONTRIBUTING		AIM	.M. MORTH	19				
= /	EDICAL	21d. INJURY OCCUP			OF INJURY		211, LOCATION			
ked or Item	ME	WHILE NOT W	HILE 🗍		REET, FACTORY, OFFIC	CE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STAT
ork	In'l		ORK ORK				1/2/ 8	7 -/-	8	7
E		220.1 certify that (I) (this hosp	ital) attended th	ne deceased from	m	19 0		. 19	, that (I) (we)
21 is		sow the deceo	sed olive or		110 19	5.0	nd that in (my) (our) opinion	death accurred on the date of	and hour and from th	e couses state
E		DE SIGNATURS	0101101010	MANUAL THE GOOD	Will Sport		DEGREE		22c DAT	E SIGNED
f frem	1	1)./	15	/	////	41	ATTENDING	MEDICAL _ STAFF	-7	12 0
	(add	(- /	4	100	PHYSICIAN	DIRECTOR PHYSICIAN	0 (-)	13-0
A	100	224. PHYSICIAN'S N	AME (TYPE	OR PRINT)	17		220 ADDRESS 145	F CHUNK!	1 <+	
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MPORTANT		-COUCK	(, (-	2	9	11	sorry, my	0/10/	
	23o. E	URIAL, CREMATION	, REMOVAL		23	. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STAT
	Cı	remation		7-13-	1987 E	astern	Shore Cremat	orium Georget	own Sussex	c De.
	24 FI	JNERAL DIRECTOR		•			250 QA		REGISTRAR'S SIGN	
4/B2	7	NAME	-1 11-	ma Dan	mar, Del	5	100/0	FT 0 1901	The second second and	1
	21	nort Funer	ar Ho	me Deli	mar, Del	laware	19940			

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTI	FICATE	OF DEATH	

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	E	RTI	FICA	TE	OF	DEATH	52

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REGENO.	1	0	1	

J.		REGISTRAR		CERTIFICATE OF DEATH	8 / REGÉNO.	1017
9750		CEASED NAME FIRST MABEL	WIOOFE	PALMER	20. DATE OF DEATH MC	10 87 130 AM
ctor. po	3. SE	Female	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
orth. Pog	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIED DEVER MARRIE WIDOWED DIVORCE	- 1////	COUNTY OF DEATH
ofter de vithin led within	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTIO		
ed in bould be fi	USU. 13a. S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO			17 5 111
1200		Jacob L.	MIDOLE Victor	15. MOTHER'S MAID FIRST Mary	à E. Marti	Victor
be execu		VAS DECEASED EVER IN U.S. ARI (ES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	G-4690 John Fa	almer - 760 Hen	
physics onpaper emoval.		PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), a D BY: E CAUSE (a)		AKREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that he death is before mending the gate con- ice other travelation		Conditions, if ony, which gove rise to immediate cause (a), stating the uhderlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	E CANCER ?	EXTENSIVE ME	iastases
equirent signature of the bloom	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 11a
cion. The low recion. The hos bee sit permit. Sit permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: T ing physici certificate riol-transi them 18 sh	_	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR 19	OCCURRED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)
attending the this of the burner of the burner or the derivative or the derivative of the derivative o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.)	CITY OR TOWN	COUNTY STATE
attentilia spitol or CTOR: Al for use of tof Heoli		saw the deceased alive on obove, (I) (we) (did) (did na	tal) ottended the deceosed fram. 10 19 19 19		ppinian death accurred on the date	and haur and from the causes stated
PITAL OR. by the ho JERAL DIRE oe detached State Dept		226. SIGNATURE Adelia X	nally.	DEGREE ATTEND		22c. DATE SIGNED 7-10-87
etoined to FUNE should be with the S		Adelia //	Mallonga 1	nd Devola	lead Centre	Salis bury Md.
BP		SPECIFY) Bural	7-15-87 7.	MT. Wesley Com	t Snowfull	Wordster md.
DHMH - 16 60M 7/84 (VRA 15, 4)	4	DE WAN F/H. W	est Rde - Salisb	my md.	So. DATE REC'D. BY REGISTRAR 251	. REGISTRAR'S SIGNATURE

Challe Manufally Arter

STATE OF MARYLAND

MENT OF HEALTH AND MENTAL HYGIENE	- 1	-	53	-
CERTIFICATE OF DEATH		0	0	-
D /	REG. NO.			

	1.	FOR - STATE REGISTRAR			CATE OF DEATH	IENE REGIN	. 0	0 8	
O JUL		CE ASED NAME FIRST	MIDDLE	0	SI	20 DATE OF DEATH	MONTH DAY	YEAR 25	HOUR
0	3. SE.	11-91	MIZ MES	5. DATE O	JRKER	6. AGE (IN YEARS LAST BIR	1987	DER I YEAR IF	915M
1/2	3. SE.	Formale	White	J. DATE O	1-19UDAY	47	YRS		OURS MIN.
200		RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	BALTIMORE CITY OF WICOMICO		DEATH	
	ILC.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	WIDOWE HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT		b KIND OF BU	MD. USINESS OR
00		lisbury	Peninsula General		pital	HOLLE L	OF WORKING LIFE) IT	Wh H	and
133	130 S	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE A NTY 13c. CITY OR TOWN		13d. INSIDE CITY LIMITSO	13 STREET ADDRESS	ZIP CODE,	2	1885
X 20	14. FA	ATHER'S NAME FIRST POPULATION ATHER'S NAME OF THE STREET OF T	Bie Kirwan		15. MOTHER'S MAIDEN NAME FIRST	NE Lour	40000	LAST	
Poges		VAS DECEASED EVER IN U.S. AF		-79	17 NEORMANI AME !	1 Hoffn	2n Ja	3/1560	Ley Wo
ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and ED BY		0		1	APPROXIMATI	TAND DEATH
ncon incom		IMMEDIA	TE CAUSE (0) (and		tung			XV	1.05
tion, c		Conditions, il ony, which	DUE TO, OR AS A CONSEQUEN	NCE OF					
cremo ther tr		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN	NCE OF					
burial, ry, or o	~		CONDITIONS CONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN II	N PART Ito	
mit. The prior to ony inju	CERTIFICATION	19a, DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
o so	TIFIC					YES NO	IN CERTIFYING		DEATH?
em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T	OR PART 2)	
ond Me	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
se os eolth s mort	71		ital) ottended the pleceased from	77	9 19 86		, 19	87, that	t (I) (we) lost
a for u			at) view the body after death.		d that in (my) (our) opinion o	death occurred on the d	ote and hour and	I from the cou	ses stated
detoched ote Dept. 4T: If Item		226 SIGNATURE	lavia 1	1	ATTENDING PHYSICIAN	MEDICAL STA		7.4	NED 2
should be detor with the Stote D IMPORTANT: H	1	KENT	CORNEY N	10	PGHMC S	ALISBUR	y M	0,21	801
s 3 ₹		BURIAL ERIMATION, REMOVAL	17 87 23c per	ME OF C	METERY OR CREMATORY	23d LOCATION		INTY WI	STATE
60M 7/84	24,51	John One Tollow	send Brown	ve,	Mf. 250 DATE	REC'D. BY REGISTRAR 198	256 REGISTRAR	SSIGNATURE	Rondors

DHMH - 16 60M 7/84 (VRA 15, 4)

SHIRL SHIP SHIP The of the Market State of Lean and Transaction Marie 186 - Bud - Bud Handy Handy Jak - 18- 118 - 18 - 19 19 19 KENT CENNEY ALD PENME SALISAMY, PLOISHED

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXEMINED WITH 24 HOURS AFTER DEATH. IF ANY DELAY MEDICALE SECTION OF THE SECTION OF THE CERTIFICATE, WRITING THE WORD FHADING SECTION INTERNIT B. GIVE PAGES 1, 2, AND 31 THE PARKE DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINING WITH FORM PM 3. RETAIN PAGE 3. R YOU'R FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W. PRESTON STREET, BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 10" IN PRIETON ST., BALTIMORE, MD. 21201

STATE OF MARYLAND

	1-3	STATE											NE ATH	2	5	8	1	
	1. DEC	CEASED NAM	AE .	FIRST		, h	AIDDLE		VER 3	LAST			2a. DATE	KNOWN		DAY	YEAR	26 HOUR
	(TYPI	Marshall Lee Parks Death Mated 7 8 1987 1700																
	3. SEX	(4. RACE				YEAR								MONTH	DAY	YEAR	
	M	ale	Whi	te	7		35	51		INS DATS	HOURS	MIN			7	8	1987	170,
-	FOI	REIGN COUNTRY			76 CITIZEN	OF WHA	T COUN	TRY?	B MAR	RIED 🔯 N	EVER MARI	RIED 🔲	9 BALTI	MORE CITY	OR COUN	ITY OF	DEATH	
2									1			020						
	T0. C1	TY OR TOWN	OF DEAT	Н	(IF NOT II	N SUCH FACIL	ITY, GIVE ST	REET ADDRESS	51			FOR.	MOST OF WO	ORKING LIFE)	TYPE OF WORK			
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-	- ''											h	H					
		ES, NO, OR UNKN								100								
-	-								5408	Ma	rgie	Par	ks	Pr.	Anne			
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					E CAUSE (a)				TC C	aru i	Jvasc	Jula	ד דרי	Sease	-	year	LO
	10	Canditio	ons, if on	y, which	DUE	TO, OR AS	A CON	SEQUENCE	OF									
		gave r	ise ta i	mmediate	(b	TO OP AS	A CON	SECUENCE	5.05							-		
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		PART 2 OTNER S	SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO OFATH BUT	NOT RELA	TEO TO THE TE	RMINAL DISEA	SE OR CONDIT	ON GIVEN IN P	PART T a						
	CERTIFICATION											1						
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0	IL CE	UNDERLYIN	G Oo	R	HO	UR A.M. A		DAY YE	AR ZIC F	IUW INJUI	1 OCCURR	ED SENIER	NATURE OF I	NJURY IN ITEM	18 PART 1 OR P	ART 2)		
1	MEDICAL	214 INTUIDY	OCCUPPE	D			INJURY		2 Tf L(DCATION	-	-						
	ME	WHILE AT WORK	D NOT W	VHILE C									CITY OR TO	NWC	co	YTMUC		STATE
		22a. I cert	tify that I t	oak charge	of the rem	ains descri	bed obo	ve, held an	Auto	psy .	Inspecto	on X.	Inquiry	X .	and in my o	pinion		
		death resul	ted from:	Nature	al causes .	X, A	ccident	□, s	ivicide L	, Hon	icide .	Undet	termined n	nonner],			
		ACTUAL SIGNATURE	0	In	5	33	مك	when	<u> </u>			Y_MED	ICAL EXA	MINER			7-8-	-87
4		EXAMINER'S (TYPE OR PR	INT)	Joh		Bull				ADDRESS		lisb	ury	Mar	ylan	d		
	(5	URIAL, CREMA	ATION, RE	MOVAL 23		. 10		IAME OF C				CITY	OR TOWN		COL	YINL	SŦ	ATE
		Burial UNERAL DIRE	CTOP		07/1	1/87	B	eech	boow	Mem			C. A	nne S	Some :	se:		
		NAME		r#		ADDRESS		730					5 198	7 100	GISTRAK S	LOOV-	MEnda	Sla .

07/84 BP.

DHMH - 17

(VR A15 ME (5))

James L. Hinman. Pr. Anne.

no. ALC: Alike 1 9 35 51 S.T. Tostine newworld in this least a roundie. one' . . terre o feetwee J.P.C. HOXX116 Kono 11130 array - Deauth relumbarelume, pitoralarel recar unis] 09/11/17 Desciving enumis] ... none of court d. sales I. Higher, M. Anno, 14. Siles

STATE OF MARYLAND

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608	323	JUL 28	87	FOR STATE REGISTRAR			DEF		T OF H	EALTH AND MEN		7	NO.	58	2
		1			IR51		WIOOFE		LA	AST		20. DATE OF DEATH	MONTH	OAY YEAR	2b HOUR
	ay be	h/.	(TYPE	ORPRINT)	EDTME	TEDES	SCO D	ASCARI	ETT A					7-21-87	12:50PM
	may b	H	3. SE			RACE	F./		DATEO	FBIRTH		AGE (IN YEARS LAS	BIRTHOAY)	IF UNDER I YE	AR IF UNDER 24 HRS
	ge 4 ector,	7		Female		White	9	Se	ept.	23, 189°		89	Y		
	4 6	11/2		RTHPLACE (STATE OR FORE	IGN 7b.	CITIZEN OF	WHAT COUN	UTRY? 8	APPIER	NEVER MARI	RIED 7	BALTIMORE CIT	Y OR COU	NTY OF DEATH	
	1 . 2	10		Conn.		U.S.A.			DOWE			WICOMICO	COUNT	ΓY	MD.
	1	CBX	10 CI	TY OR TOWN OF DEATH	11.		HOSPITAL, N			R OTHER INSTITUT		2a USUAL OCCUP			O OF BUSINESS OR
5	1) 6	10	SAT	ISBURY	S		JRY NUI			IE.	230	Housewi			Home
BALTIMORE, MARYLAND 21201	hou	الرقية الم	USU/	AL RESIDENCE (IF NURSING I	HOME OF OTH	HER INSTITUTION	13c. CITY OF	E BEFORE ADM	ISSION)	13d. INSIDE CITY L	murco la			ODE	
N N	7 2	5	4 4		Wicom		Salist				NITS!	Route		Box 17	21801
YLA	tely tely	2		THER'S NAME		45				15. MOTHER'S MA		E			
AAR	à de			Silvester	MID	Tede	LAS PSCO	ST		Maria		MIODE		lisetta	LAST
E,	5 0 -	0 0	16a V	VAS DECEASED EVER IN I	U.S. ARME		166 SOCIAL	SECURITY	NO.	17 INFORMANT		AD	DRESS	IISecta	
WO	and	medico	0	NO OR UNKNOWN) (II	FYES, GIVE W	AR OR DATES)	048-36	5-7208		Edward A	Paco	arella,	Samo	20 130	
5	e be	the T								Luwalu h	· Lasc	alella,	Jame	as 13e	CRIMATE INTERVAL EN CACHE MAND DE ATH
	ricot hysi	ant,	200	18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED 8	Sy.	PO A	16111	1/	thom	ms	10		BETWE	Marks
TS I	ng p	Len C		IM/	MEDIATE (AUSE (o)	Wu.	ELL!		111011	1000	7	,	7	anys,
ON ON	oth o	moti		0.0000000000000000000000000000000000000		DUE TO, O	1758N	SEQUENCE	9,	er las	honin	Selens	16	1	lan.
RES	de de	atio		Conditions, if any, what gave rise to immedi		(b)_	7811	elle	18	MUI	000	occus	10	9	Ma-
>	th the	her		couse (a), stating underlying couse I	the	DUE 10. 0	AS A CON	SEQUENCE	OF					1	
5	Pno.	0 70		onderlying coose 1	031.	(c)									
DS, 2	(INF	lory.	N	PART 2. OTHER SIGNIFIC	CANT CON	NDITIONS CO	ONTRIBUTING	G TO DEAT	H BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CO	ONDITION	GIVEN IN PART	110
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	£ 0 -	ows any ir	CERTIFICATION	190 DATE OF OPERATION	٧	19b. COND	ITION FOR W	VHICH OPE	RATION	N WAS PERFORME	D	20a AUTOPSY?	20b. II	F YES, WERE FIN ERTIFYING CAUS YES []	DINGS USED SES OF DEATH?
N N	SICIAN: 1 ng physici certificate	Hygie 8 sho	E I	210. ACCIDENT WAS UNDERLY		216. TIME C		I DAY	VEAR	21c HOW INJURY	Y OCCURRE	D (ENTER NATURE OF	NJURY IN ITEA	A 18 PART I OR PART	2)
9	CIA P P P	Mentol !	AL	OR CONTRIBUTING CAUS			.M. MONTH .M.	H DAT	19						
NO O	HYS Iding	A P	MEDICAL	21d. INJURY OCCURRED		21e PLACE	OF INJURY	7		211 LOCATION				COUNTY	
NSI N	G P	h ond	Z	WHILE NOT WHILE		(AT HOME, ST	REET, FACTORY, C	OFFICE, FARM, I	ETC)	STREET	01	CITYO	NWOTS	COUNTY	STATE
۵	A P	mor mor		22a.l certify that (I) (thi	s hospital)	ottended th	ne deceased f	from /	- 6	5	. 64	10 7-	-21	1087	_, that (1) (web) lost
	TEN To OR	f He		saw, the Occoosed o	dive on	17-1	200	1987	, on	d that in (my) (our	7 Opinion de	oth occurred on the	date and	hour and from t	
	OR AT e hasp	E E		206 AICASTURE	did not	iew the body	death.	-		DEGREE				29r Da	TEASINED
	be be	# De		STIMA	011	11	0-		NI	ATTEN			TAFF	7	12/187.
	by t	Stot Z	1	ZIA PHYSICIALI S.AAME	CH	an	1		1.	22e ADDRESS	SICIAN 2	DIRECTOR PHY	SICIAN	1/	01/0/
	osp osp	the SRTA	12	ge entisicine syame	- ETHE GRAN	lest)	0			THE ADDRESS				,	
	etair O	with the State [MPORTANT: If		EARL M. BE		ACCRECATE STREET, SALES	D.					VIC AVE.	SALIS	BURY M	D. 21801
	F 2 F		23a. 8	URIAL, CREMATION, REA	MOVAL	73h DATE	Sense and	23c NAMI	E OF CE	METERY OR CREM	MATORY	236 LOCATION		COUNTY	STATE
	BP			Burial		7/25/	1987	Beav	erda	ale Mem.		New Have	n,		Conn.
	DHMH - 16	60M 7/84	24. FL	INERAL DIRECTOR			400	DRESS			25a DATE	REC'D. BY REGISTR	AR 255. RE	GISTRAR'S SIGN	ATURE CONTRACTOR
	(VRA 1			Baker & Bour	nds.	Sali	shurv				JUL	24 1987	gul	ia Dander	N. Kerraman

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MPORTANT: If Hem 21 is

should be detached with the State Dept.

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI
CERTIFICATE OF BEATH

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		CE	RTI	IFIC	A1	E	OF	DE	ITA	1	63

REGISTRAR PERFASED NAME				CERTIFICA	TE OF	DEATH 8	/ REC	NO.	0	0		
(TYPE OR PRINT)	Virginio	Garland	Per	rkins			July 23		DAY	YEAR	2b. HO	UR 5 a,
3. SEX	4 R	ACE		5. DATE OF BI	RTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UND	DER I YEAR	IF UNDF	R 24 HRS
Female		White		момтн 80	30	1912	74	YRS.		DAYS	POURS	MIN.
		CITIZEN OF WHAT CO	UNTRY?	8	. IEVED	MARRIED -	9 BALTIMORE CIT	Y OR COUN	TYOFD	EATH		
Massachue	ssets	J.S.A.		WIDOWED [//	NORCED [WICOM:	ICO				м
FRUITLAN		MAME OF HOSPITAL,					120. USUAL OCCUP	ST OF WORKING			F BUSIN	ESS OR

	Maryland	Wicomico	Fruitland	YES NO	405 Clyde Ave	enue 21826
1	14. FATHER'S NAME Charles	MIDDLE W.	Garland	15 MOTHER'S MAIDEN NA PROST Phoebe	ME	Mountain
	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	030-10-27 24	17 INFORMANT Mr 405 Clyde A	. Charles V. Per venue, Fruitland	kins(Son) d, Md. 21826
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse per VAS CAUSED BY: IMMEDIATE CAUSE (b)	Myu CARO	INFARC	T.0N	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
i		DUE TO, O	R AS A CONSEQUENCE OF	10 (N 0 0	0 1 00	

1134. INSIDE CITY LIMITS? 134. STREET ADDRESS / ZIP CODE

Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF NARY ARTERY DISEASE	YEAR
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	
	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONE	

IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 220. I certify that ((1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (sid not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF 07/23/1987 PHYSICIAN X DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Riverside Medical Park, Salisbury, Md. 21801

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 07/27/1987 Shad Point Cemetery Salisbury, Wicomico, Maryland 24 FUNERAL DIRECTOR

Holloway Funeral Home, P.A., Salisbury, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

S. Albert Abrons, M.D.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. CITY OR TOWN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGINO.

-	I. DECEASED NAM	NE FIRST		MIDDLE		LAST		20 DATE OF DEATH	н момтн	DAY YEAR	2b. HOUR		
1	(TYPE OR PRINT)	T 3 7 7 7	J,						7 00		1974		
ŀ	3. SEX	TNEZ	4. RACE	<u> </u>	HTLI.TP	OF RIDTH		6. AGE (IN YEARS LAS	T BIRTHIDAY)	IF UNDER I YEAR	2:00A M		
1	Female	a	White		MONTH 09	H DAY	YEAR		I dikiribari	MONTHS DATS	HOURS MIN.		
4	7a. BIRTHPLACE		7b. CITIZEN OF			01 19	12	9 BALTIMORE CIT	YRS	V OF DEATH			
	COUNTRY)				MARRIE	D X NEVER MA	RRIED -	P BALTIMORE CIT					
7	OCITY OR TOWN	, Maryla			WIDOW	DIVO	RCED	WICOMICO			MD		
1	IN CITT OR TOWN	OFDEATH		CH FACILITY, GIVE ST		OR OTHER INSTITU	UTION	120 USUAL OCCUP	OF BUSINESS OR				
/	SALISBUR		SALISBU			TE		Clerk			il Store		
	13a. SMaryla	ind By CO	OR OTHER INSTITUTION UNITY.	GIVE RESIDENCE BI		13d. INSIDE CITY	LIMITS?	N. Park	SS / ZIP CODE	2180	IC		
_			Offico	Julian	OI y		10 🗌		ardens,	Glen A	venue		
	14. FATHER'S NAM	Ε	WIDDLE	LAST		15. MOTHER'S M	ST	ME MIDDL		LAS	51		
4	John			rringtor		Janie	е	(Unknown)					
	(YES NO OR UNKN	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)					IAIT	. Clifton 4	Millips ((Husband	d)		
	No	(F YES, GIVE WAR OR DATES)			0-6084	Same	as #1:	3e					
I	18. CAUSE C	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (g).) PART I. DEATH WAS CAUSED BY:								BETWEEN	MATE INTERVAL ONSET AND DEATH		
1	PARTI. L		ATE CAUSE (a)	Olelle	6 41	110001	20511		-36	14	1121		
			DUE TO, O	RAM A CONSE	QUENCE OF	1	do	r.A.	. /				
		if any, which	((b)_	gener	1412	of all	MA	selve	Des	19	ns.		
		to immediate, stating the	DUE TO 6	R AS A CONSE	QUENCE OF					0			
1	underlying	cause lost.	(1)	Marine .						8 11 1			
1	PART 2 OTH	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
1	19a. DATE OF	Grabers Mellitas, ASCVD,											
2	S 190. DATE OF	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				NED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT						
	E L							YES NO YES NO					
3		T WAS UNDERLYING	216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJU	RY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18 F	PART I OR PART 2)			
	OR CONTRIBUT	TING CAUSE OF E	EAIR		19								
	OR CONTRIBUTE OF	OCCURRED	21e. PLACE	OF INJURY	ICE EARLY EVC I	211 LOCATION		CITYO	RIOWN	COUNTY	STATE		
	AT WORK	NOT WHILE	(Al Home, sin	CET, FACTORT, OFF	ICE, PARM, ETC.	21		a ->/	-	-			
1			pital) attended th	e deceased fra	mg O	30	19 8		15	198/	that (I) (we) last		
Н	sow the	deceased alive of	nat view he bady	alter death.	98/, 01	nd that in (my) (ee	opinion o	death occurred on th	e date and hou	ir and fram the	causes stated		
-	22 SIGNAT	YRE /	h.	11/10		DEGREE				22 DAYE	SIGNED/		
	SIL	WILL X	Werd.	ille	1	PHY	YSICIAN D	MEDICAL S DIRECTOR PHY	SICIAN	11/	13/8/		
7	227d. PHYSICI	AN'S NAME ITYP	E OR PRINT!	0		22e ADDRESS				-/			
	EART	M BEADD	SLEY M.	0		RT 50	& CIV	TC AVE C	ALTSBUR	Y_MD	21801		
1	73n BURIAL CREM	ATION PENOV			3c NAME OF C	EMETERY OR CRE		23d. LOCATION	ALISBUK	Y . MID .	21001		
	Buria	l	07/	7/1987	Parson	ns Cemet	erv	Salisbu		omico.	Maryland		
	14 FUNERAL DIRE	CTOR					25a. DATE	E REC'D. BY REGISTR	AR 25b. REGIST	TRAR'S SIGNAT	URE		
-	Hollowa	y Funera	I Home, F	A., Sa	lisbury,	Maryland	JUI	2 8 1987	Aulia.	Min y	0 .		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

61602 AUG	4 87R ATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 2 PREG. NO.	685
Malife Constant	1. DECEASED NAME FIR		MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Zu HOOK
deod deod	Jo	sephine	M. Ph	11/19	7 2	187175
* **	3. SEX	4. RACE		Of BIRTH Ist 14 1899		FUNDER LYEAR IF UNDER 24 HR
0 10 17	Female 7a BIRTHPLACE (STATE OR FOREKO	White		st 14 1899	87 _{YRS}	
1 1 2	Maryland	USA	WIDOV		9 BALTIMORE CITY OR COUNTY O	
1180	Salisbury	Penin	HOSPITAL, NURSING HOME CHEACHLY, GIVE STREET ADDRESS) ISULA Genera	1 Hospital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET	12b. KIND OF BUSINESS O INDUSTRY
161 86		me or other institution COUNTY rcester	13c. CITY OR TOWN Whaleyville	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE Main Street	21872
1133	Otis	MIDDLE	Cooper	15 MOTHER'S MAIDEN NA Gertrude		Dennis
1 11 10	180 WAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECURITY NO	17 INFORMANT	ADDRESS	1-045
1 10	No		214-46-4009	Maurice J.	Phillips, Whaleyvi	lle, Maryland
equires, that the death signed by the attends Then please remove as the bursel, cremation, o there's or other traumet	Conditions, if any, whi gove rise to immedia couse (a), stating to underlying cause la	th (b)	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF	T NOT RELATED TO THE TERA	ainal disease or condition give	N IN PART 110
11 (119	90. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
CLAN. 1	210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	DE DEATH HOUR A.		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T OR PART 2)
offerhits of the box	21d INJURY OCCURRED NOT WHILE AT WORK	LAT MOME STI	OF INJURY REET, FACTORY, OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDRA expiral or ECTOR: A del for use or of health m 21 is mo	saw the deceased all obove, (I) (we) (did) (e	e an 4/2	8 1067		deoth occurred an the date and haur of	
O HOSPITAL OR etained by the k 10 FUNERAL DR thoold be detained whold be detained when the State Dre	228. PHYSICIAN'S NAME	B Grene	27 MD	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	7/28/8-
2 8 2 5 1 3 1 BP	230. BURIAL, CREMATION, REMO		23c NAME OF 23c NAME OF 23c NAME OF	Cemetery or Crematory	23d LOCATION CITY OF TOWN Whaleyville Word	county STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR	Inetas	Selbrevill		TE REC'D. BY REGISTRAR 25b. REGISTRA	

 	-	 	0 8 8 m.
			AND

01	0	8	- 2
REG. NO.	-		

0	6187	7 5 AU	G	70A7	D		OF MARYLAND	GIENE	1 2 3	5
V6	R.	*	-	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO).	
+	o 2 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1. DEC	CEASED NAME FIRST	MIDDLE	4-10-4	P.14	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	moy be poge 3		3. SEX	TIE'II	4. RACE	5. DATE C	FBIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	
	Poge 4 director, hours aft		<i>4</i>	- emale	AA	3NTH	27 1901	9 BALTIMORE CITY O	YRS	
	eath. P	35		OUNTRY (STATE OR FOREIGN	76. CITIZEN OF WHAT COI	MARRIE	DINEVER MARRIED DINORCED	Wicomico	K COUNTY OF BEATH	MD.
10	rs after d by the fu filed with	20		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME C IVE STREET ADDRESS) eneral Ho	spital	120 USUAL OCCUPATION	ON 126 KINI F WORKING LIFE) INDUSTI	D OF BUSINESS OR RY
MARYLAND 2120	filled in.	200	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF TATE		OR TOWN	134 INSIDE CITY LIMITS?	139 STREET ADDRESS	TEIP GODE /	ANNE Md.
MARYL,	ted within	exoluide (14 FA	THER'S NAME FIRS DIMUEL	MIDOLE	AST J. J. J.	15. MOTHER'S MAIDEN NA	ME MIDDLE	11 Bi	VENS
BALTIMORE,	be execut	medical		(AS DECEASED EVER IN U.S. A ES, NOOR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCI	AL SECURITY NO. -16-78637	WHO E MOS	SES RIBON	122 Wesler	er Nd.
	2 A 00	ewonoi event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one cause per line for (a ED BY: ATE CAUSE (a)	L	line 20	to	APPE BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
NOTS	cert nding p	umofic		Canditians, if any, which	DUE TO, OR AS A CO	NSEQUENCE OF	Fingrou	1		
W. PRESTON ST.,	by the of	other tro		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO		J			
18, 201	planed bengin	o burial	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	l lra
DIVISION OF VITAL RECORDS, 201	has been permit The	9	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	
FVITA	AN. Ti shysics ficate framil	186		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		ITH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	7)
IO NOISI	Twoding (and Ment	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE		, OFFICE FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
VIO.	NDBNG Lor #	t mork		220.1 certify that (1) (this hasp	7/1/	(2,	/30/ 19 87	, 10	9 19 77	_, that (I) (we) lost
	ATTE pugite ECTO affer	12.0		saw the deceased alive a abave, (I) (we) (did) (did n	n	h	d that in (my) (my) opinion	death occurred on the do		the causes stated
	AL OF J	8 1		Manen	o mo		ATTENDING	MEDICAL STAF	F 7	129/87
	HOSHTAL trained by th O FUNERAL hould be det	PORTANT		JUSEPH IVE	O. GRASSO		145 E. Co	moll St	Salistan	y m
4	ALTE	1.3		URIAL CREMATION, REMOVA	23k DATE /67	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	NO COUNTY	STATE
	BP	014 7/84	24. FL	INERAL DIRECTOR	1 8/1/8/	2 111	250. DA	TE REC'D_BY REGISTED	256. REPISTRAR'S SIGN	ATURE Pandalis
1/18	(VRA 15		a	the fine	1 4075	omersela	rethermand	MR 2 BOIL	guita paris	

TATE OF MARYLAND	LAND	AARYL	OF	TATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS

* STATE REGISTRAR		CERTIF	ICATE OF DEATH	REGENO. O O					
T. DECEASED NAME	MIDDLE E.		ag land	20. DATE OF DEATH MONTH	8,1987	4 OT			
3. SEX FEMALE	CAUCASIAN	5. DATE C	DE BIRTH BER DAY YEAR 1917	6. AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS			
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	16 CITIZEN OF WHAT COUNTRY? UNITED STATES	MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY <u>OR</u> COUN Wicomico	TY OF DEATH	M			
Salisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula General	ADDRESS)		120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) HOME MAKER					
13a STATE 13b COUI	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136: CITY OR TOW CITESTER DERLIN	N	13d. INSIDE CITY LIMITS? YES NO M	13. STREET ADDRESS / ZIP CO	DE 92 A.	21811			
14. FATHER'S NAME FIRST ACOB	MIDDLE ALDER	RION	IS MOTHER'S MAIDEN NA HEYCE	WIDDIE		YNF			
160. WAS DECEASED EVER IN U.S. AF			ANNABELLE P	HAWKINS Seve	HATTEN ENA PAR	DR. 211			
PART 1. DEATH WAS CAUSE	nly one couse per line for (a), (b), one ED BY: TE CAUSE (a)	1	an arrest		BETWEEN	MATE INTERVAL ONSET AND DEATH			
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	GF, polm	many adeva					
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION C	GIVEN IN PART 1	0			

190. DATE OF OPERATION 196. CONDITION FORWHICH OPERATION WAS PERFORMED 20a AUTOPSY? Correnora

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21e. PLACE OF INJURY

YEAR P.M

21f LOCATION

ATTENDING PHYSICIAN

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES [

22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body offer death.

CITY OF TOWN COUNTY STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

226. SIGNATURE

21d INJURY OCCURRED

CERTIFICATION

MEDICAL

18 shows

marked or Item

MPORTANT:

FOR

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN

NOF

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

NOT WHILE

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL

23b. DATE JULY 10, 198 23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

PRACTIMORE

DHMH - 16 60M 7/B4 (VRA 15, 4)

0

BP.

24 FUNERAL DIRECTOR

250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

14. FATHER'S NAME

CERTIFICATION

MEDICAL

morked or Item 18 sho ond Mentol, Hy

MPORTANT:

Victor

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIFICATE OF DEATH

DEPART	MENT	OF	HEAL	HT.	AND	MENTAL	HYGIE	NE
	CE	RTI	FICA	ATE	OF	DEATH	1.2	

FOR STATE REGISTRAR		DEPAR	CERTIFICA			,	REG. NO.) 0	} 0	3	
1. DECEASED NAME (TYPE OR PRINT)	orma	Irene	Rhee	EL		20. DATE OF DI	12,198"		YEAR	26 HOU	
3. SEX	4 RAC	E	5. DATE OF BIR	≀TH	1	6. AGE IN YEAR	S LAST BIRTHOAY)	IF UNDER		IF UNDER	2a HRS
Female		White	90°	20	1933	54	YRS	MONTHS	DAYS	HOURS	MIN.
Prooklyn, Ne	Y? 8. MARRIED X WIDOWED	MARRIED X NEVER MARRIED			11120011200						
10 CITY OR TOWN OF DEA Salisbury		AME OF HOSPITAL, NURS			TITUTION	120 USUAL OC LTYPE OF WORK FO Stor	CUPATION R MOST OF WORKING LI Manage			F BUSINE	
USUAL RESIDENCE (IF NURS 130. STATE Maryland	13b COUNTY Worces	113c CITY OF TO	WN 113d.		ITY LIMITS?	Route	PRESS / ZIP CODE	7-0 F	OUL	21842 Sea:	2 sons

15 MOTHER'S MAIDEN NAME

Ethel

	007 20 1011	our seasons	village, KT.#1	DOX 307-0, O.C. MG
18 CAUSE OF DEATH (Enter anly ane cause per PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)]	line for ta), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	R AS A CONSEQUENCE OF My Occural R AS A CONSEQUENCE OF	1 ' -	to	24 hr.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

148 DATE OF OPERATION	196. CONDITION FOR WHICH OPEN	N WAS PERFORMED			IN CERTIFYING CAUSES OF DEAT		
6				YES 🗌	NO	YES 🗌	NO 🗌
21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCURRE	D (ENTERN	Y IN ITEM 18 PART 1 OR P	ART 2)		
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR					
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	and a late of the				
	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET		211 LOCATION STREET		CITY OR TOV	vn cou	NIA 21

220.1 certify that (1) (this hospital) ottended/the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred of the date and hour and from the couses stated

77h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS Andrew J. Forgash, M.D.

Duncan

166 SOCIAL SECURITY NO

560 Riverside Dr., Salisbury, Md.

MIDDLE

Harry

Whetzel

23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Cremation 07/13/1987 Salisbury, Wicomico, Maryland Salisbury Crematory

Hoffoway Funeral Home, P.A., Salisbury, Maryland JUL 12 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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men denter, page 3

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

8 REG. NO. O

00	1.DEC	EASED NAME FIRST		MIDDLE	-	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	TYPE	OR PRINT)			Riden				an	22 87	10451	
- 1		BENJAMIN	E.		SR.		SR.	1.105	7/	00	IF UNDER 24 HRS.	
	3. SEX		4 RACE		5. DATE O		YEAR	6 AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	HOURS MIN.	
	1	MALE	BLK	State of the	30		10	78	YRS			
1	To BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY			WHAT COUNTRY?	MARRIED NEVER MARRIED			9 BALTIMORE CITY	OR COUN	TY OF DEATH		
9												
	10 CT	WHITE HAVEN	USA 11 NAME OF	11. NAME OF HOSPITAL, NURSING				Wicomico 12a USUAL OCCUPA	LION	126 KIND C	MD. DF BUSINESS OR	
4	1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)				on Office High	1011011	TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
	Šal	Salisbury Peninsula Gener			1 Ho:	spital		LABORER RETIRED				
10	MOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM 130. STATE 13b. COUNTY 13c. CITY OR TOWN			DMISSION)	1 13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS	/ 7IP CO	DE 21	801		
19			OMICO	SAL ISBUR			NO TY	1004 FAS			N1	
-	14 FA	THER'S NAME	OFFICU.	L.JALIJUUI		15. MOTHER'S	7		- NZa		<u> </u>	
1	FIRST MIDDLE LAST					FIRST MIDDLE LAST						
7	WILLIAM RIDER								DOCKINS			
1	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)				IIY NO.	17. INFORMANT ADDRESS RTE.1 FOREST GROVE RI						
						BENJAMIN F. RIDER, JR.PARSONSBURG, MD.						
		18 CAUSE OF DEATH (Enter or	ly ane cause per	line for (a), (b), and	161.1	-	1	1		BETWEEN	MATE INTERVAL ONSET AND DEATH	
Н		PART I. DEATH WAS CAUSED BY:							15	K		
		IMMEDIATE CAUSE (a) Caracter parties of Caract										
			DUE TO, O	R ASA CONSEQUEN	VCE OF	- 04	DCV	(A)				
		Conditions, if any, which gove rise to immediate										
		couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying cause lost.	(c)									
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION											
1	AT	190 DATE OF OPERATION	N WAS PERFOR	MED	20a AUTOPSY?		ES, WERE FINDIN					
7	JFIC							YES NOT YES NOT NOT				
1	ERT	210. ACCIDENT WAS UNDERLYING	1 216. TIME C	F IN ILIRY		Tale HOW IN	LIRY OCCURR	ED (ENTER NATURE OF IN			NO []	
		OR CONTRIBUTING CAUSE OF DE		M. MONTH DAY	YEAR		our occoun	CENTER NATURE OF IN.	DRI IN HEM I	D PART OR PART 2)		
	CA.	(IF EITHER NOTIFY MEDICAL EXAMINER		M	19							
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FAI	RM FIC 1	211 LOCATIO	N	CITY OR I	OWN	COUNTY	STATE	
	~	AT WORK AT WORK			,,							
		220.1 certify that (1) (this haspi	tal) attended th	e deceased fram			. 19			., 19,	that (I) (we) last	
		saw the deceased alive on		19	, a	nd that in (my) (aur) apınıan d	deoth occurred on the	date and h	our and from the	causes stated	
		22b. SIGNATURE	abave, (I) (we) (did) (did nat) view the bady after death.									
		MA ATTENDING MEDICAL STAFF								7/61		
		/ au los aug			19	PHYSICIAN DIRECTOR PHYSICIAN						
1	1	224 PHYSICIAN'S NAME (TYPE OR BRINT)				220. ADDRESS						
1	-	1 AUL Melly 560 KIVERSIDE DR JOLIS									ey	
	23a. B	URIAL, CREMATION, REMOVAL	236. DATE	23c N/	AME OF C	EMETERY OR C	REMATORY	23d LOCATION	_		-	
	(SPECIFY)							CITY OR TOWN		COLINIT	STATE	
	24 51	BURIAL DULY27, 1987 GREEN ACRES SALIS. WITH MD. 24 FUNERAL DIRECTOR SALIS ADD 1250 DATE RECOLORY REGISTRAR 25 DE GRANDE LE COLOR DE L'EST DATE RECOLORY REGISTRAR 25 DE GRANDE L'EST DATE RECOLOR REGISTRAR 25 DE GRANDE L'EST DATE RECOLORY REGISTRAR 25 DE GRANDE L'EST DATE RECOLOR RECOLOR REGISTRAR 25 DE GRANDE L'EST DATE RECOLOR RECOL										
4	14 FU	NAME ADDRESS SALIS. MU.										
		JOLLEY MEMORIAL CHAPEL RTE, 2, BOX 920										

DHMH - 16 60M 7/I (VRA 15, 4)

retained by the hospital or attending physician.

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		STA	TE	OF	M	ARYL	AND	
ED A	DIMENT	OF	ME	411	TAR	AMB	MENT	A

12	1	0	7	1
REG. NO.	E			

30	87	FOR STATE REGISTRAR				ALTH AND MENT.		IENE REG. N	0.10)) 0		
	1DEC	CEASED NAME FIRST OR PRINT) Minnie Cha	rlotte ROI	/	2/1	ILEDE	R	20. DATE OF DEATH	MONTH 28	1987 Z	11.50 M	
	3. SE)	Femiale	4. RACE White		ATE OF	25, DAY 1 924 PE	AR	6 AGE (IN YEAR AST BI			F UNDER 24 HRS HOURS MIN.	
2	7a BI	RTHPLACE (STATE OR FOREIGN aryland	76. CITIZEN OF WHA	MA	ARRIED	NEVER MARRIE		BALTIMORE CITY OF WICOMICO		OF DEATH	MD.	
7		TY OR TOWN OF DEATH	11. NAME OF HOSE PENINSUCHFAC PENINSULA	PITAL, NURSING HO ILITY, GIVE STREET ADORES GENERAL I	ME OF	oital	ON	124 USUAL OCCUPAT	ION DE WORKING LIE	126 KIND OF INDUSTRY Restur	ant	
	13 ₀ S	at residence (if nursing home or aryland Harf	Ord 13c	RESIDENCE BEFORE ADMIS CITY OR JOWN Belair		13d. INSIDE CITY LIN		408 Foreha	zip code nd Co	urt 210	14	
2	FA	THER'S NAME Fullton Willia	m Pritchet	tt EAST		is mother's mail		e Elizabeth	-			
2	16a. V			SOCIAL SECURITY 1 16 –18 – 35 90		Larry Rol	hlede	er 6131 Mar			21206	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b)												
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	A CONSEQUENCE A CONSEQUENCE C NOW		myo. S	meu	bonetin. Oscillo E	72,			
	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTR	RIBUTING TO DEATH	H BUT N	NOT RELATED TO TH	HE TERMI	NAL DISEASE OR CON	IDITION GIV	EN IN PART 110		
1	CERTIFICATION	19a DATE OF OPERATION	198 CONDITION	TION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?		S, WERE FINDING YING CAUSES O		
1		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M.	JURY MONTH DAY Y	YEAR 19	21c. HOW INJURY (OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	PART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F.	NJURY ACTORY, OFFICE, FARM, ET	TC)	211. LOCATION STREET		CITY OR TO)WN	COUNTY	STATE	
		22a I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) Idia na	2/28/	\$7 19			opinion d	leath occurred on the d	ote and hou	r and from the co		
		226. SIGNATURE	9		M.	PHYSK	DING CIAN E	MEDICAL STA	FF CIAN 🗌	7/28	GNED 187.	
1		22d. PHYSICIAN'S NAME TO S	celon.			614 C	E	usteln	SHU	ISBUNDA	2/VR	
	(Burial, CREMATION, REMOVAL SPECIFY) Burial	Aug 1,19	987 Park	(WOO	METERY OR CREMA	У	23d LOCATION CHYOR TOWN Baltimor	e, Mai	ryland	STATE	
		INERAL DIRECTOR DIPPE 10 BELAIR ROAD		HOME, INC E, MARYLA			JU	L 3 1 1987.		RAR'S SIGNATUI		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Hem 21 is mouked or Hem 18 shows any injury, ar other troumatic event, the medical axon

CRIEDLE TO THE TANK

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13	-1		6
Con	REC	NO	

2 2	. 0 300 22	T DEC	EASED NAM	FIRST		WIDDIE	LAST	0	20 DATE	KNOWN K	MONTH	DAY YEA	R 26 HOUR
	28.83.8E			Hazel		I.	Rust		DEATH	MATED	7	1419 8	
	NA SECTION OF SECTION	Fe.	male	4. RACE White	5. DATE OF BIRTI	YEAR LAST BIRTHD		. 01.5	MIN. PRONOL	INCED	MONTH 7	14 19 8	_ 3:52
	AN A	BII	RTHPLACE (S	ATE OR	76. CITIZEN OF	WHAT COUNTRY?	I. V	NEVER MARRIE	9 BALTI	MORE CITY OF	R COUNTY		
	の音音を	Ma	ryland		USA		WIDOWED [DIVORCE		comico	Count	tv.	MC
	80	S	YORTOWN alisbu	CY Market Comment	Peninsu	DSPITAL, NURSING HOMI FACILITY, GIVE STREET ADDRESS) 1a General E		TITUTION	12a USUAL OCC FOR MOST OF WO Homema	UPATION (TYPE	OF WORK 12	OR INDU	BUSINESS
	2 E E E E E E E E E E E E E E E E E E E	3a. S1		UE IN MURSING HOME OF 13b. COUN Worce	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSI 134. CITY OR TOWN Showell	ON)	IDE CITY LIMITS?	P.O. Box	18 Pit	ts Ro	pad /	862
	2 M 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	14. FA	THER'S NAME James		MIDDLE B.	Collins	15 MC	THER'S MAIDEN PIRST Delph:		WIDDLE		Huds	on
	AFTER D NE PAG H FORM NGES IN ISHON O	160. W	AS DECEASE S, NO, OR UNKNO NO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES}	16b. SOCIAL SECURIT 220-32-931		ormant H.	Rust, S	ADDRESS howell,	Mary	land	
	TED WITHIN 24 HOURS N PENCIL IN ITEM 18. G AMINIST RERMIT. P. MENTAL HYGENE, DIV N, OR REMOVAL.		Condition	IMMEDIA ins, if ony, which the to immediate stoting the under-	TE CAUSE (o) HY DUE TO, C	ne for (o), (b), and (c).) pertensive a DR AS A CONSEQUENCE DR AS A CONSEQUENCE	OF	clerotic	cardiov	ascular	dise	APPROXIM BETWEEN OF	AATE INTERVAL NSET AND DEATH
1	A STATE OF THE STA	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO OFAT	N BUT HOT RELATED TO THE TERM	NNAL DISEASE OR CONC	DITION GIVEN IN PART	1:00				
١	HIAL BRIAN	TIFICATION	19a. DATE OF	OPERATION	19b. CONE	DITION FOR WHICH OPER	ATION WAS PER	FORMED?				20 AUTOPS	
	IFICATE S 3 THE WO TO THE C HOULD BE ARTMENT	AL CENTI	UNDERLYING	CAUSE WAS OR NG CAUSE OF	HOUR A	OF INJURY .M. MONTH DAY YEAR M. 19	21c HOW INJ	URY OCCURRED	LENTER NATURE OF	YJURY IN ITEM 18 PA	ART I OR PART	2)	
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	SICAL EXAMINER: THE THE CERTIFICATE. YE SHOULD BE FORW IRRAL DIRECTOR: PY BEATH, WITH THE STANDORE, MARYLAND, 2		220. I certi deoth result ACTUAL SIGNATURE	fy that I took charged from Notus	ge of the remains d	Accident . Su	AND TITL	omicide LE (SPECIFY) SSISTANT		monner .	DATE SIGNED	7_15	5-87
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, M		EXAMINER'S (TYPE OR PRI	NAME Mari	to F. Gol	le, Jr., M.I	ADDRES	SS_111 P	enn St.	Balto	. Md.	2120)1
34	BP	(\$		rial J	July 18,	198 Bishopy	rille Cem	etery	Bishopv		lorces		MD
	DHMH - 17 (VR A15 ME (5))	1	Laile	W Ha	ADDRESS ADDRESS	Selbani	M. Del	JUL 2	0 1987	Alie De	endery.	Emdelli	6

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						STAT	E OF MARYLAND				
	1	FOR STATE			DEPARTA	MENT OF H	EALTH AND MENTAL HYG	HENE	1 6	9	7
-	910	REGISTRAR				CERTIF	ICATE OF DEATH	7 REO-	1 6	,	
		EASED NAME	FIRST		MIDDLE	Į.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
- 1	TYPE	OR PRINT)	EVA	L. SCHWI	FNKBECK				7-1-8	7	0 . (OD M
	3. SEX		2777	4 RACE	LINKBECK	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	(HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
	F	emale		White		MONT	7-09-1894	92	YRS.	NTHS DAYS	HOURS MIN.
7		RTHPLACE (STATE OR		76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
6	N	iagra Falls	N.Y.	U.S.A.		WIDOWE		WICOMICO C	OHNTY		MD.
1	10. CF	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	126 KIND C	OF BUSINESS OR
1	SAI	LISBURY			JRY NURSI		ME	Housewife		INDOSTRI	
1	13a. S	L RESIDENCE (IF NURS TATE Md.	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130. CITY OR TOW Salisbur	/N	13d INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / Valleywoo	ZIP CODE d Dr. R	T 8 B	80/ ox 28
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1.1	c7
	A	ndrew		MIDDLE	Kerr		Allison	MIDULE		Davis	51
,	léa W	AS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	55		
	ľ	VAS DECEASED EVER BE NO OR UNKNOWN) NO	(IF YES, GIV	E WAR OR DATES	093-20-8	673	Mrs. Ruth Bro	mhall Rt8 B	ox28 Sa	lisbury	y Md. 2180
		18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b)	die /	11/201			The second second	NIMATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		TE CAUSE (o)	cereca	ear	4010000	1515		01	IRS.
		Conditions, if any gove rise to improve (a), static underlying couse	nediate ig the last.	((c)_	RAS A CONSEQUE		NOT RELATED TO THE TERM	Delevio		IN PART II	
7	FICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, V IN CERTIFYI		NGS USED S OF DEATH?
4	CERTH	21a. ACCIDENT WAS UNI	DEBLAINC L	7 21b. TIME C	E INTITIDY		21c HOW INJURY OCCUR	YES NO	YES		но 🗌
9	AL C	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH D		ZIC HOW INJOK! OCCOR!	LED (ENIER NATURE OF INJU	IT IN HEM IS PAKI	TORPART 2)	
	MEDICA	(IF EITHER NOTIFY MEDI			M. OF INJURY	19	211 LOCATION				
	ME		THE T		REET, FACTORY, OFFICE F	FARM, ETC.)	STREET	CITY OF TO	WN	COUNTY	STATE
		220.1 certify that (1)		tal) attended th	e decemed from_		4 10 1981		19	87	that (I) (we)-last
		sow the diceos	ed olive on	1//	8/ 19-	. 0	nd that in (my) (our) opinion	death accurred on the de	ote and hour a	nd from the	couses stated
		27b GIGTON TURE	arei (did ile	ID-VIEW ME DOGY	difer death, 7		DEGREE			22c DATE	SIGNED
,		VIII	1/00	10011	18	1	ATTENDING PHYSICIAN	MEDICAL STAI		7/	2/87
	1	HYSICIAN'S N	XME THE	M MARKET		1.	22e ADDRESS			1	/
1		EARL M. I	BEARDS	SLEY, M	D.		CIVIC AVE &	DT 50 CAT	TCDIDY	100	01001
	23a. B	URIAL, CREMATION.				NAME OF C	EMETERY OR CREMATORY	RT. 50, SAT	TOPUKA	, MD	21801
	Bi	prial		07/06	/1007		Cemetery	CITY OR TOWN		COUNTY	New York
		INERAL DIRECTOR			100			E REC'D. BY REGISTRAR	25b REGISTRA	R'S SIGNAT	TURE

JUL 8

Julia Devider Randale

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

Holloway Funeral Home 501 Snow Hill Rd.Sal. Md.

(VRA 15, 4)

TO FUNERAL DIRECTOR

BP.

The State of the S

STATE OF MARY	LAND
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				STAT	E OF MARYLAND		
0700 #	27	FOR	DEPAR	TMENT OF I	HEALTH AND MENTAL HYC	GIENE	and the same
0799 JUL	21	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	0 9 5
		CEASED NAME FIRST	MIDDLE		LAST		DAY YEAR 26. HOUR
oy be	(TYPE	OR PRINT)	т т	CF	ores	July 19 1987	02:10 %
de de	3. SE	Modess	a L.		OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ofte.	J. JE	E 1.		MONT	H DAY YEAR		MONTHS DAYS HOURS MIN.
urs	1	emale	Caucasian		t.16,1922	64 YRS	07.07.1711
10 10 10 10 10 10 10 10 10 10 10 10 10 1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIE	D X NEVER MARRIED	MATCHIECT & OF CONTIN	CY,
è ·		Maryland	USA	WIDOW			MD.
3 000		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME	or other institution SO1 tal	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
	Du	LI SDOLL Y			1	homemaker	
e e	130	AL RESIDENCE (IF NURSING HOME OF TATE	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TO	ORE ADMISSION	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
CE		1./	timore Baltim		YES NOX	4444 Kendi R	d. 21236
1		THER'S NAME		010	IS. MOTHER'S MAIDEN NA	AME	
10-30	0	eorge H. Kai	MIDDLE LAST		Pearl Lo	MIDDLE	1A5T
		VAS DECEASED EVER IN U.S. AI		URITY NO	17 INFORMANT	ADDRESS	
p 9	,		IVE WAR OR DATES)	2407	7 la secona Gla -	II1	h
	· N				TAUDIEY_Sho	ores, Husband,	same as above
0.0	1.79	18 CAUSE OF DEATH (Enter o	nly one cause per line far (a), (b), o	and ICU	. 0 0 1.	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0.5	-		TE CAUSE (a)	2 /	lede K	losen	Miller
of a st	1.4		DUE TO, OR AS A CONSEO	UENCE OF	01		
10 10		Conditions, if ony, which	(b) Car	de	pe Sho		Han
1		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	HENCE OF	17	7 11	
5 6	-	underlying cause lost.	1 Och		escaled	left	109
1		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	'EN IN PART 1(g)
and .	Z	Stal	Sal mary	1	de nous	2	
18177	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED
22 5 7	띪						YING CAUSES OF DEATH?
1117	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121E HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
1 1 1 W		OR CONTRIBUTING CAUSE OF DE	AIN	DAY YEAR			
New /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f LOCATION		
P P	MEC	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM, EIC I	STREET	CITY OR TOWN	COUNTY STATE
5 # 6		AT WORK			1/		
D E	1		ottal) attended the deceased from	_	16, 19.8.	, to	19, that (I) (we) last
258	-	saw the deceased alive or above, (1) (we) (did) (did no	at) view the body after death.	, 0	nd that in (my) (aur) opinion	death accurred an the date and hou	r and Iram the couses stated
101	10.1	22b. SIGNATURE	0 0	0	DEGREE		220 DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(h	for &	Dre	ATTENDING PHYSICIAN A	MEDICAL STAFF DIRECTOR PHYSICIAN	1/19
A SO		224 PHYSICIAN'S NAME PTYPE	OR PRINT)	0	22e ADDRESS	Sometion of Thiodeline of	
MPORTAN		John G.	Green M.D.		Locust and	d Quincy Sts. S	alisbury, Md.
whould be				A1444 = = =			unsoury, wa.
		BURIAL, CREMATION, REMOVAL SPECIFY)			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
		remation	7/23/87		city Process		The same of the sa
16 60M 7/84		JNERAL DIRECTOR			I Mad	TE REC'D BY REGISTRAR 256 REGIST	RARISSIGNATUR
(RA 15, 4)	S	CHIMUNEK FUN	ERAL HOME, Bal	to, I	1d. 21236	0 1301	-

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TO BUSHIAL OK ATTENDING PHYSICIAN. He low requires that the death certificate be executed within 24 hours or retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attence. The true and completely filled in by a should be deferched for use as the buriol-train permit. They please remove or benefits to pages 1 and 2 should be filed in the safe and should be tried or exemption.	MADILLING LOCAL DEPT. In recent control on the second control of t
er deorn. roge	funerof direct	Coll of College
	TO NOSPITAL OR A LIEDDING PRISILIAN: The low requires that the death certificate be executed within 24 hours age; death. rage-retained by the hospital or attending physician.	TO MOSTILAL OK A LITRUDING PHISTLAN. The low requires that the death certificate be executed within 44 hours ager death. Proget retained by the hospital or attending physicion by the lost of the hospital DIRECTOR. After this certificate has been signed by the attending and completely filled in by the funeral direct synoid be detected for use as the businetenesis permit. Then please remove or benchment 9 ages found 2 should be filled within 72 hours of should be filled within 72 hours or should be filled within 72 hours.

		CO	Dy of deceased hirt	o certif /Ghi	STATE OF MA	ARYLAND				
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a m	ŧ		CEASED NAME FIRST	/. //·	5%.		2a. DATE OF DEATH	MONTH DI	AT TEAR	26 HOUR
d you	dead		WOHN	WILLIAM		Wes	July 7.	1981	F UNDER TYFAR	IF UNDER 24 HRS
4 m	ofter	3. SE	n./-	RACE	5 DATE OF BIRTH	DAY YEAR	6. AGE LINYEARS LAST BIR		ONTHS DAYS	HOURS MIN.
o de	ours	1	IALE	WHITE	oct	1, 1928	3 59	YRS.		
d do	2 ho		OUNTRY) =	b. CIŤIZEN OF WHAT COUNTRY?	MARRIED NE	EVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
deo	hin A	10.6	TY OF TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	WIDOWED	DIVORCED	Wicomico 12a USUAL OCCUPAT	011	Trail Minus Co	MD.
1	iled with			(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	THE RESERVE	ITYPE OF WORNER OF MOST		INDUSTRA	BUSINESSOR
by O	No.		Lisbury	Peninsula Genera		al	MEALEUHER	SET.	ChA	IN SYNCE
4 ho	ld be	130	JATE / 136 POUNT	Y ISC. CITY OR OW	N 1134 INS		13e.STREET ADDRESS	ZIP CODE	1 /	1 2/80/
in 2	shou		THER'S NAME	omice SHIST	WRLG YES	THER'S MAIDEN NAM	130914	1001/7	on 51	2/00/
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uted		160 V	VAS DE CEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL SECU	IRITY NO 17 INE	ORMANT /	ADDR	19/7/	Sew-	5
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pe pe		4		-	2 2146	vogee	USARI	EVEZ	130	MANYS INVISEDMENT
icote			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		dicui	Q.			BETWEEN	MATE INTERVAL ONSET AND DEATH
- F			IMMEDIATE	CAUSE (D)	unum	nay av	un		M	WS
oth o	7 C E			DUE TO, OR AS A CONSEQU	ENCL OF	enellal	1.1.1-			1118
e de	notio		Conditions, if ony, which gove rise to immediate	(b) CCCCC	a rugo	cuain &	eymun .	111	-	7103
of th	crem		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE 95		V		Y	KS
ed b	plea riot,		DART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT BE	LATED TO THE TERM	NAL DISEASE OF COM	DITION ONE	10104071	
quire	hen to bu	Z	PART 2 OTHER SIGNIFICANT CO	DINDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART TIO	
w re	prior any in	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS F	PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
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CIAN Ph	riol-tr lental	AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D.	AY YEAR					
HYS nding	0 × 0	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211. LO	CATION	CITY OF TO	14/61	COUNTY	STATE
Of P	s the	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, I	FARM, ETC)	SINCEI	CITY ON TO	****	00000	SIATE
TO TO	ealth s ma		22a.l certify that (1) (this hospita	ol) ottended the deceased from_	4	. 19	, to	, 1	9, 1	that (I) (we) last
pito TTE	of H 21		sow the deceased alive on above, (1) (and () () () ()	view the bady ofter death	87_, and that in	(my) opinion d	eath accurred on the de	te and hour	and from the o	couses stated
DR A hos	ept.		226. SIGNATURE	/	DEGREE		W 05-0-1		22c. DATE	SIGNED
AL O	deto ote D		Xuuld V	n. m		ATTENDING PHYSICIAN	MEDICAL STAI		7/	7/87
ned by	0.00		22d. PHYSICIAN'S NAME (TYPE OR	4	22e AD	DDRESS 01	4		-	
taine O Fu			D, M. U	NOW NO		161	MZ			
Tet Tet	- 3 3 3	23a E	HRIAL, CREMATION, REMOVAL	23h Day 23c I	VIME OF CEMETER	OR CREMATORY	23d LOCATION	1	u Augustu	/
BP		6	DURIAL	19/1987 4	beety	Cim.	PARKS	(eq.)	Lecom	tek VA.
DHMH - 1	6 60M 7/84	24 FI	INERAL DIRECTOR	Authorica	h	250. DATE	REC'D. BY REGISTRAR			JRE
	15, 4)	X	DAKERY SOU.	ads OxtisB	vry /h	,1111	9 1987	Green !	Devidebyn-7	Condach

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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6 9 5 / REG. NO.2

		CEASED NAME	FIRST	- 1	AIDDLE	Ł	AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	d		
1	TYPE	OR PRINT)	IORAC	E EDW	ARD	SIF	FORD S	R.	7-28-87 724						
	3. SE)	x		4. RACE		5. DATE C		E AD	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR						
1		ALE		WHITE		Dece	mber -7,		60 YRS						
-	C	RTHPLACE (STATE OF	REGN	76. CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARR	IED 🗆	9 BALTIMORE CITY	OR COUNTY	OF DEATH				
1		IRGINIA		USA		WIDOWE	D DIVORO	CED 🔲		omico			MD.		
1		ITY OR TOWN OF DE	ATH	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUT		12a USUAL OCCUPAT	OF WORKING LIFE)		F BUSINES	5 OR		
/		alisbury	1	1000	1 344	d Cente	er		Night Watchman Security						
10	13a. S	AL RESIDENCE (IF NUE	136 COUN	ITY	13c CITY OR	TOWN	134 INSIDE CITY LI	MITS?	13e STREET ADDRESS			. 13			
2	_	aryland	Word	cester	Berli	n	-	XX]	Rt. 346	Be	rlin, N	1D	2181		
2	9	ATHER'S NAME		MIDDLE	LAS	1	15. MOTHER'S MA	IDEN NAM	MIDDLE		LAS	TT			
1	_	oyd			fford		Virgie		5		Tick	cle			
9		VAS DECEASED EVEI YES, NO OR UNKNOWN) YES	(IF YES GIV	MED FORCES? E WAR OR DATES)		SECURITY NO.	17 INFORMANT		Rt. I, AB						
late!		Yes	VV V	VII	223	30 8065	Terri Ja	ames	Berlin,	MD 2	21811				
		18 CAUSE OF DEA PART I. DEATH \	TH (Enter on	ly one couse per D BY:	line for (a)	and iet	. 1	-			BETWEEN	MATE INTERVA	ATH		
				E CAUSE (o)	- +	Leipe	calony		aclum						
b				DUE TO, O	R AS A CONS	SEQUENCE OF	0	2	7 -						
		Conditions, if ony gove rise to im		(b)			C. O.	, ,							
		couse (a), state underlying cous	ing the	DUE TO, OI	R AS A CONS	SEQUENCE OF									
				(c)											
	z	PART 2 OTHER SIG	GNIFICANT	ONDITIONS <u>CC</u>	ONTRIBUTING	S TO DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CON	NDITION GIVE	N IN PART I	0			
-	ATIO	190 DATE OF OPERA	ATION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	70b. IF YES.	WERE FINDI	NGS USED			
1	CERTIFICATION								YES TO NOT	IN CERTIFY YES	ING CAUSES	OF DEATH	?		
	CERT	210. ACCIDENT WAS UP	NDERLYING	21b. TIME O			21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF IN)			1.0			
1		OR CONTRIBUTING		un	M. MONTH	DAY YEAR									
	MEDICAL	21d. INJURY OCCUP		21e PLACE	OF INJURY		211 LOCATION		CITY OR TO		COUNTY	SIA			
	×	WHILE NOT W	WHILE	(AT HOME, STR	EET, FACTORY, O	FFICE FARM ETC }	STREET		CITY OR I	OWN	COOMI	SIA	16		
		22a.1 certify that (rom O	6-01,19	8	1. to 7 - a	18	987	that (I) (we	e) lost		
		sow the deceo above, (I) (we)	sed alive on	7- Z	ofter death	19 8 on	nd that in (my) (our)	opinion d	<u>eath oc</u> curred on the c	date and hour	and from the	couses state	ed		
Ĭ	- 1	226. SIGNATURE	1.				DEGREE				22c DATE	SIGNED	/. m		
		Els	a le	1.00	Lu	N		IDING ICIAN	MEDICAL STA		7	1281	81		
1		22d. PHYSICIAN'S N	IAME (TYPE O	R PRINT)		4	22e ADDRESS				/				
		£15	A	7. G	OR	15	Deen's	Lead	Center, Sa	lisbur	v. MD	21801			
	23a B	BURIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CREM	ATORY	23d LOCATION			£1 A	16		
		Burial		7/30/			een Ceme		Berlin,		4: "	100	id		
		UNERAL DIRECTOR		108 Wil		St.		250. DATE	RECID. BY REGISTER	256 REGISTR	ARSSIONAT	URE			
	W.	. Kirk Bu	ırbage	Berl	in, MC	21811	2011	16	1						

DHMH - 16 60M 7/B4 (VRA 15, 4)

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James I. Linman Tr. Anne, Dd.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires

retained by the haspital ar attending physician.

BP

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY	8 /	2 1	0 9	1
DECEASED NAME FIRST	,	MIDDLE	ı	AST	20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
YPE OR PRINT) Floyd			SMITH		June 17	, 1987		2 A M
SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHOAY)	MONTHS DATS	IF UNDER 24 HRS
MALE	BlAC	K	05-C	1-03 YEAR	84	YRS.	MONTHS DATS	NOONS MIN.
BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
LA, U.SA WIDO					Wicomico			M[
CITY OR TOWN OF DEATH	I IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUP			OF BUSINESS OR
Salisbury		Head Cen			Labor	en		
STATE 136 COULT		SALGE		13d INSIDE CITY LIMITS?		SS / ZIP CODE		180/
FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	E	14	ST
IKE		Swith		ROSE			HARI	0512
WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS		
No	TO THE OR OLITES	unknow	nn_	JESSE &	Swith 1	NAShir	nton 6	PA
Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE DUTRIBUTING TO C	NCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIV	VEN IN PART 1	10 '
Old. CVI	+ , /V	alulyn	nor	1				
190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI	S OF DEATH?
710. ACCIDENT WAS UNDERLYING	21b, TIME C	NE IN ILIPY		21c. HOW INJURY OCCUI	YES NO		ES D	ио 🗌
OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.		YEAR 19		THE TENTER NATURE OF	AN IORY IN TEM	TAGE TORTAGE	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY C	OR TOWN	COUNTY	STATE
22a.1 certify that (1) (this hosp	ital) attended th	e deceased from_			, to		. 19	that (1) (we) los
sow the deceased alive as above, (I) (we) (did) (did no	ot) view the body	ofter death.	, 0	nd that in (my) (our) opinion	death accurred on th	e date and ha	ur and from the	couses stated
22b. SIGNATURE	Shees.	tig		DEGREE MI) ATTENDING PHYSICIAN		STAFF YSICIAN [7]	22c. DATE	17.87
22d. PHYSICIAN'S NAME TYPE	OR PRINT)			22e ADDRESS				
M. Shrestha,	M.D.			Deer's Head	Center: S	alisbu	ry. Md.	21801
BURIAL CREMATION REMOVAL	23h DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by Inc. should be detached for use as the burial-transit permit. Then please in with the State Dept. of Health and Mental Hygiene prior to burial, grentelogy.

IMPORTANT: If Hem 21 is marked or Item 18 shows any

25 PATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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Market Control of the	7000		
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	I ALLENDAN INC.	Level I was allered	
P. Francisco, J.T. Constr. Hond Contact Ealighter, 193. 218			

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31	AIK	Ur	TT A	RIL	ARV

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REG. NO.		
	20. DATE OF DEATH MONTH		25 HOUR
	July	30,1987	3:15 6
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		PROPERTY AND RESIDENCE	Contract of the Contract of th

		REGISTRAR							0 /	REG. IN	0.				
		CEASED NAME	FIRST		MIDDLE	()	Shyde	,	2a. DATE	/	MONTH	DAY YEA		26 HOUR	
		Arli	ing		/illiam	21	yair					30,198		3:15	
	3. SEX			4 RACE		5. DATE C		YEAR		IN YEARS LAST BIR	THDAY)	MONTHS DA		HOURS MI	_
-45	100	lale		White		07 ^{NTH}	11 DAY	1893	94		YRS.				
		RTHPLACE (STATE OR F			WHAT COUNTRY?	8 MARRIEI	D NEVE	R MARRIED	9 BALTI	MORE CITY C	R COUNT	Y OF DEATH	1		
)		ennsylvania		U.S.A		WIDOWE	D[X]	DIVORCED [Wic	Wicomico					MD.
1	10. CITY OR TOWN OF DEATH				HOSPITAL, NURSIN	RSING HOME OR OTHER INSTITUTION 12B. KIND OF BUSINESS C							OR		
2		lisbury					l Hospital. High Rigger .					Stee	el /	Mill	
5	13 M	AL RESIDENCE (IF NURS TATE Taryland	13h COUN Wicc	MICO	Salisbury	ADMISSION)	13d. INSIDI	E CITY LIMITS?		ADDRESS .				21801	
1	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTH	R'S MAIDEN N	AME	WIDDLE					
		John			'der		M	ary		WIDDLE			LAST		
,		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Haro							old E.	Snyder	(Son)	11114			
	Y	es	WW	I	278-07-2	770	70 Same as #13e								
H	R.J.	18 CAUSE OF DEAT			line for (a), (b), and	d (cyl		,		1		APP BETW	ROXIM EEN O	ATE INTERVAL	IH_
4	-	PART I. DEATH W	AS CAUSE	D BY:	onges	HIV	e H	eart	Fas	ilur	e	in	'ex	2KS	
					R AS A CONSEQUE			11							
		Conditions, if ony,		(b)_	Isite	mi	c /x	evit	11	sen	Se		1	eur	8
Н		gave rise to imm couse (o), stotin		DUE TO, OI	R AS A CONSEQUE	NCE OF						1		F3 1	
		underlying couse	lost.	(c)_											
	_	PART 2. OTHER SIGN		1	NTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TER	MINAL DISE	ASE OR CON	DITIONG	IVEN IN PAR	l lio		
	CERTIFICATION		non	- 0	pstu	CHI	ve	Jun	Pa	use	se	-			
9	ICA ICA	7-7-2-	NON	196 CONDI	TION FOR WHICH	. 1 1	1	20a At	200 AUTOPSY? 206 IF YES, W			WERE FINDINGS USED ING CAUSES OF DEAT			
/	E	1	01	Dru	c degree in onder				YES			YES 🗌		NO 🗌	
		OR CONTRIBUTING		216. TIME O HOUR A.	M. MONTH DA	Y YEAR	ZIt. HOW	INJURY OCCU	RRED (ENTE	R NATURE OF INJU	RY IN ITEM 18	PART TOR PART	2)		
-	CA	(IF EITHER NOTIFY MEDIC				19	1111 1061	101							
	WED	ORCONNINGUING CASE OF DEATH (IF EITHER NOTHER MOREAL EXAMINER) 71d. INJURY OCCURRED WHILE NOTWHILE NOTWHILE NOTWHILE					211_LOCA	REET		CITY OR TO	WN	COUNTY		STATE	
	44	AT WORK AT WOR	RK .				1	· ·	,	1	7 11	7	_		
		22a. I certify that (I) sow the decease			deceosed from	7/	ed that in (r	ny) (our) opinion	death acc	ured on the d	ote and h	., 19.		not (II (we) I	ost
		obove, (I) (we) (c	did) (did no	t) view the body	ofter death.	•	DEGREE	., (out) opinior	7 000111 0000	on the di	ore one no			IGNED	
			Ku	mo	>		DEGREE	ATTENDING	MEDIC	AL STA	FF _			0-8-	7
1	5	22d. PHYSICIAN'S NA	AME TYPE	OR PRINTE			22e ADDI			OR PHYSIC			-		
1		EVANG			GNOS 1	no.	MED	ICAL C	ENIG	RN.	#6,	MD.	7	801	
		URIAL, CREMATION,	REMOVAL					R CREMATORY	23d LC	CATION CITY OR TOWN		COUNTY		STATE	
	1	Hurial.		1 00/05	/1007 I D.		C-		D 1		A A			1 .	

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Ite

24. FUNERAL DIRECTOR

<u>Pelaware</u>, Mercer, Pennsylvania 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Holloway Funeral Home, P.A., Salisbury, Maryland AUG

-

ALLEN

23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

0

24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ROBERT

230. BURIAL, CREMATION, REMOVAL

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

560 RIVERSIDE

STATE OF MARYLAND

DK.

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SALISBURT

22c. DATE SIGNED

2b. HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

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STATE

INDUSTRY

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FOR TATATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE PROPRO
ECEASED NAME FIRST . PE OR PRINT)	Elizabeth Skvens	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR 7 18 87 10 45 A M
Female	Negro S. Date of BIRTH WEAR THOSE TO 1929	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATEOR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO MD.
alisbury	Peninsula General Hospital Other institution give residence before admissioni	126 USUAL OCCUPATION (TYPE-OLWORK FOR MOST OF YORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY HOUSE WITE
STATE Md. 176 COUN	NTY 13 SITY OR TOWN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE St. 21851
Devern	MODIE Poulson Sr. 15. MOTHER'S MAIDEN NAM	L'IZ Harman
WAS DECEASED EVER IN U.S. AR (YES, NORUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT	vens Pocomoke Md
PART I. DEATH WAS CAUSE	nly one cause per line for 1911, (b), and Ich. DBY: TE CAUSE (a) Blateral Pnews	nionia 3d
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 110
90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from saw the deceased olive on above, (1) (we) (did) (did nat) view the bady after death and that in (my) (our) opinian death accurred an the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN [

22e ADDRESS

PHYSICIAN

23c NAME OF GEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT

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STORESHIP STATEMENT OF STREET AND STREET OF STREET

I amount the source was Charles July 39 881 6 1 The Peters

injury, ar ather troumotic event, the medico

IMPORTANT: If them 21 is marked or Item 18 shows any

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	-10-	FOR STATE	DEPA	RTMENT OF HEALTH CERTIFICATI	21	GIENE 2	1/0	1
		REGISTRAR		CERTIFICATION	O. DEATH C	REG. NO		
		GEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	AONIH DAY YEAR	26 HOUR
		V4:5		STEWAR	1		3-26-87	AA.
Н	3. SE)	X	4 RACE	5 DATE OF BIRTH	1	& AGE IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR	IF UNDER 24 HRS
	/	111=	Black	MONTH	DAY YEAR	01	MUNTHS DATS	HOURS MIN.
	-/	INIC		2-1	0-1906	01	YRS	
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	N	1ARYLAND	U.SA.	WIDOWED	DIVORCED	11/1	0.	MD
	10. CI	TY OR FOWN OF DEATH	11. NAME OF HOSPITAL, NUE			120 USUAL OCCUPATIO	IZE KIND	OF BUSINESS OR
V	-	1/	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	
	20	41:50CR4	149 DELAWAR			LAGREE	R	3 1000
7	13a S	AL RESIDENCE (IF HURSING HOME OF	NTY 13t. CITY OR T		ISIDE CITY LIMITS?	113e.STREET ADDRESS /	7IP CODE	21021
	N	, / /		Upy YES		149 DELAU	A (3)	YXUI
		THER'S NAME	011.00	000	OTHER'S MAIDEN NA		7,00	
		0/	MIDDLE A 1 IAST	.,	FIRST	MIDDIE	-1 IA	ST _
_		HICHZO	Collman		VIRGIE	111150	n STEW	401
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO. 17 INI	FORMANT	3137 5k	Ly Ridge Ct. 1	N.E
			WI 714-12	2-6189 Km	DENS DIV			062
					2010 11120	A in in		XIMATE INTERVAL
		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b)	and ici	H D 1	Vd 2	BETWEEN	ONSET AND DEATH
		IMMEDIA	TE CAUSE (0) CONCL	D et /	() (/ Fe 3)	aw with Do	me	
			DUE TO, OR AS A CONSE	OUENCE OF		Mastre	die	
		Conditions, if ony, which	(b)			1 (0010 00)	ya. seg	
		gave rise to immediate cause (0), stating the						
i	100	underlying couse last.	DUE TO, OR AS A CONSE	OUENCE OF				
			(c)					
	7	PART 2 OTHER SIGNIFICANT,	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT R	LATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 1	а
	CERTIFICATION	Deho	drales					
1	CAT	19a DATE OF OPERATION	14 CONDITION FOR WH	ICH OPERATION WAS	PERFORMED		206 IF YES, WERE FINDI	
	Ē					YES TO NOT	IN CERTIFYING CAUSES	NO T
	ER	210 ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c H	OW INJURY OCCUR	RED (ENTER NATURE OF INJURY		
7		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		THE TENTENT ONE OF WARDEN	ATTEM TO THE TOTAL AND ES	
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER		19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		STREET	CITY OR TOW	N COUNTY	STATE
	>	AT WORK NOT WHILE	(ATTOME, STREET, PACTORT, OFF	CE, PARM, CICI			/	
		220 I certify that (I) (this hospi	tal) attended the decensed fro	m 4/4	10 87	1 1 17	6 1009	about the found have
		saw the deceased alive on	-11	0.4	in (my) (qur) opinion	deoth occurred an the dot	0/	that (I) (we) last
		abave, (I) (we) (did) (did no	t) view the day's after deoth.			deoin occurred an the dot	e and have ond from the	causes stated
		22b. SIGNATURE	1 1	DEGREI				SySNED
,		Done	B N. /	lan Mo	ATTENDING PHYSICIAN	MEDICAL STAFF		29/07
†		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		DDRESS		1	440
		RF1/1TA	V ML	(11) (4	TUY A	D /		NII
		DONIO	W, (//	1110	11-11	reverse de	dr.	Natisky
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE 2	30 NAME OF CEMETER	Y OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	1/2
۱		Busial	7-31-87 (DREEN AL	RES	SALSLUE	1 - 5 -	MD. To
ı		JNERAL DIRECTOR					REGISTRAR'S SIGNA	
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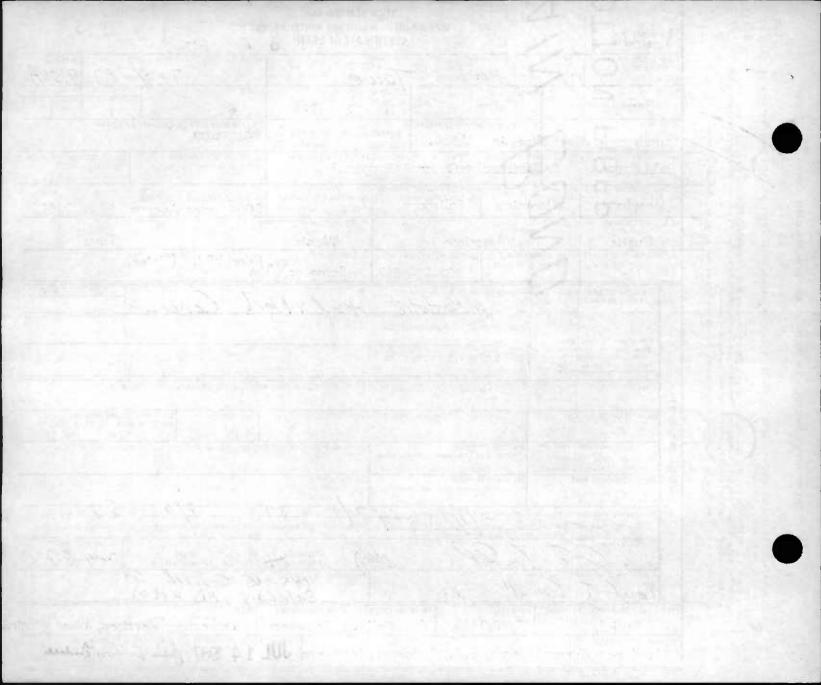
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REG. NO.			

059764	1-	FOR STATE 7 REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	1 7	9 I	10	3
4 may be jury, page 3 offer death	(TYPE		rirst une	Ma	irie	704	owe	20. DATE OF DE	7-4	1-87	26 HOUR 9,5/AM
4 may	3. SEX	Female		4 RACE White		5. DATE C		6 AGE (IN YEARS	YRS.	MONTHS DAYS	HOURS MIN.
185	Li	RTHPLACE (STATE OR F COUNTRY) Umberport, V	Vest \	76. CITIZEN OF V /irginia	WHAT COUNTRY	MARRIEI WIDOWE	DI NEVER MARRIED DI DIVORCED [8	Wicomic	OR COUNTY	Y OF DEATH	MD.
	10 CI	TY OR TOWN OF DEA Lisbury	(TH	Peninsu	iospital, nursi La "Cener	NG HOME O	ROTHER INSTITUTION Spital	120 USUAL OCC	UPATION MOST OF WORKING LII		OF BUSINESS OR
24 hr	13a S	ALRESIDENCE (IF NURS TATE Maryland	136 COUNTY		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS? YES AO	13e.STREET ADD	ress / zip code ler Avent	Je	21801
with with with with with with with with		Curtis			rrison		Minnie	M	DDIE	Ros	5 S
te be execution and colors. Pages 19.1.		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		MED FORCES?	232-32		17 INFORMANT Mrs Same as #	Edna Wh	nite (Siste	er)	(IMATE INTERVAL ONSET AND DEATH
equires that the death certifical signed by the attending phy. Then please remove carbonpo to burial, cremation, or removingry, or other traumatic event	NC	Conditions, if ony, gove rise to imm cause (o), statiumderlying couse	which nediote ig the lost.	DUE TO, OF	R AS A CONSEQUER AS A CONSEQUER	JENCE OF	HEAL Y N		R CONDITION GIV	VEN IN PART 11	0
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DING PHYSICIAN, T or ottending plants and the ost the burier in a lith and Merrin High marked or them south	MEDICAL CER	210. ACCIDENT WAS UNIT OR CONTRIBUTING () (IFEITHER NOTIFY MEDIT 210. INJURY OCCUR! WHILE NOT WE AT WORK () AT WORK	CAUSE OF DEA CALEXAMINER RED	HOUR A.I P.J 21e PLACE ((AT HOME, STR	M. MONTH C M. OF INJURY EET, FACTORY, OFFICE.	19	211 LOCATION SIREET		OF INJURY IN ITEM 18 F	COUNTY	STATE
ITAL OR ATTEN by the hospitol by the hospitol RRAL DIRECTOR. e detoched for us Store Dept. of He NT: If Hem 21 is		220. I certify that (I) sow the decease obove, (I) (we) (c	ed alive on	t) view the body	14 19		d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS		STAFF PHYSICIAN [that (I) (we) last couses stated
OT of with Market		Devid (BURIAL, CREMATION, SPECIFYL	. CO	23b DATE			Solis.	Pro LOCATIO	D 2180)	STATE
BP DHMH - 16 60M 7/84		Burial UNERAL DIRECTOR		7/10/			lows Cemeter	TE REC'D. BY REGI	STRARIZSA REGIST	TRAR'S SIGNA	West Virgin
(VRA 15 4)		Holloway F	unero	I Home,	P.A., 30	lisbury	, Maryland JU	L 14 198	51 Kjulia	Devider -	Constants

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20 DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-0230 Virginia DEATH MATED Lee Towers 5. DATE OF BIRTH IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS. 24 HOUR 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED 68 1087 0920 18 Female White 10 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U. S. A. Wicomico Maryland DIVORCED 128 USUAL OCCUPATION (TYPE OF WORK 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1126 KIND OF BUSINESS OR INDUSTRY Salisbury Peninsula General Hospital Housewife 13e STATE 13h. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Wicomico Mardela Springs YEST Maryland NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Levador Bennett Edna Beach 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16h SOCIAL SECURITY NO ADDRESS 212-10-2664 Russell Towers (same as above) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH Arteriosclerotic Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO. 21g EXTERNAL CAUSE WAS 71h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TE PART) OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR

EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRAL FREE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MACHER DEATH, WITH ALLS STATE DEPARTMENT OF HEALTH AND MACHINORE, MARYLAND, 21201 PRIOR TO BURIAL, CHEMATION

214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held on Inspection X Autopsy death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL 7-27-87 SIGNATURE MEDICAL EXAMINER ADDRESS Salisbury, Maryland John Bulkelev. M.D. 236 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION

07/84

(VR A15 ME (5))

DHMH - 17 Short Funeral Home, Inc. Delmar, DE. 19940

Burial

24. FUNERAL DIRECTOR

Mardela Cemeterv

7-29-1987

Mardela Wicomico Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

TS-YS-Y De TOUR DE TOUR DE LE CONTRACTOR DE LA CONTRACTOR smolyrs, vroneline callebory, exclose 061242 JUL

STATE OF MARYLAND

0.100		FOR			DEPA		HEALTH AND MENTAL HY	YGIENE		10	
3	87	STATE REGISTRAR					TICATE OF BEATH	3 /	REG. NO.	10	-
		CEASED NAME	FIRST		MIDDLE	713	LAST	20. DATE OF	DEATH MONTH	DAY YEAR	2b HOUR
		L	ILLIA	JN .	M.	T	URNER		JULY-	25-1987	6 A
	3. SE)	Female		4. RACE White		MONT	OF BIRTH		EARS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS
1	7. 01	RTHPLACE (STATE OR FO	085.00	76 CITIZEN OF		10	09 1898	88	YRS		
/	Í	Vew Jersey		U.S.		MARRIE WIDOW	DIVORCED		RECITY OR COUN	IT OF DEATH	MD.
	S	TY OR TOWN OF DEA ALISBURY	1	SALISB	URY NU	RSING H	OR OTHER INSTITUTION	Secre	OCCUPATION K FOR MOST OF WORKING TOLY	School	Board
8	13a. S	L RESIDENCE (IF NURSI	Pined	VTY	13c. CITY OR 1		13d. INSIDE CITY LIMITS? YES NO		ADDRESS / ZIP CO egational	House	3351,5
50	19FA	THER'S NAME FIRST Gilber	rt J.	Merec Merec	lith EAST		15. MOTHER'S MAIDEN N	Jnknown	MIDDLE	LAS	51
1		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL S	28-0688	17 INFORMANT Gil 12 Jackson	lbert Tui Rd., Sa	rner ^{DDRES} (Sor lisbury, M	d. 2180	1
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		gave rise to imm couse (a), stating underlying couse	g the	DUE TO, OI	R AS A CONSE	OUENCE OF					
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
9	CERTIFICATION	19a DATE OF OPERAT	101	196 CONDI	TION FOR WH	HICH OPERATIO	ON WAS PERFORMED	200 AUTO		YES, WERE FINDING TIFYING CAUSES	
9		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NA	TURE OF INJURY IN ITEM T	18 PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURR WHILE AT WORK NOT WHI AT WORK	ILE 🗍	21s. PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFF	FICE, FARM, ETC)	211 LOCATION STREET	.7	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (I) Secose	d alive on	01-	24	and the same	nd that in (my) (our) apinio	on death occurre	d on the date and h	. 19	that (I) (wellast causes stated
		SINU	K	eusu	les			MEDICAL	STAFF PHYSICIAN	7/2	6/87
1	0	234 PHYSICIAN'S NA			0		22e ADDRESS			/	-
		EARL M. B							SALISBUI	RY, MD.	21801
	23a. B	URIAL, CREMATION, P SPECIFY) Cremati	removal ion	07/27			cemetery or crematory oury Cremator	CITY	or Jown lisbury. W	icomico.	Maryland

DHMH - 18 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Holloway Funeral Home, P.A., Salisbury, Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Divider Randales

ATTENDING PHYSICIAN: The law requires that the death

retained by the haspital or attending physician.

TO HOSPITAL OR

BP.

ND DEPAR

MENT OF HEALTH AND MENTAL I	YGIEN	E	63	1	- 17
CERTIFICATE OF DEATH	8	1	REG. NO.	1 6	0

FOR	DEPAR	TMENT OF HEALTH AND MENTAL	HYGIENE	1 11 0
- STATE REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
(TYPE OR PRINT)		TURNER	7/:	5/87 7 PIM
D Emer	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER JAHRS
Male	Negro 2	MONTH DAY YEAR	60	MONTHS DAYS HOURS MIN.
		02 - 18 - 19	68 YRS. 9. BALTIMORE CITY OR COUNTY	OFDEATH
70: BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		OFDEATH
Federalsburg,		WIDQWED DIVORCED	□ Wicomico	MI
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126. KIND OF BUSINESS OF
Salisbury	Deer's Head Ce		Custodian Fe	d. Fire Dep
13a. STATE / 13b. CC	E OR OTHER INSTITUTION GIVE RESIDENCE BEFO DUNTY 136. CITY OR TO Coline Federal	MSburg 13d. Inside city Limit:	130 STREET ADDRESS / ZIP CODE	70 1 1
14. FATHER'S NAME		15. MOTHER'S MAIDEN		
Campaol C III	MIDDLE LAST	Lena Cha	A S A	LAST
Samuel G. T				leralsburg, Me
(YES, NO OR UNKNOWN) (IF YES	0.000.000.000.0000.0000	OSEA TOMOS C	Turner, Sr., 11	
No			Turner, Sr., II	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAL	ranly one cause per line for (a), (b), (DUL MONARY A	nnrc	BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT TO THE PART 2 OTHER 2		O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVE	S, WERE FINDINGS USED
S MARKET OF STERATION	17.00		IN CERTIF	FYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	
	DEATH HOUR A.M. MONTH	DAY YEAR		
(IF EITHER NOTIFY MEDICAL EXAM	INER) P.M. 21e PLACE OF INJURY	19 21f LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this ha	aspital) attended the deceased from	19.8	10 //3	19, that (I) (we) la
saw the deceased plive abave, (1) (we) (did) (did	an 19	87, and that in (my) (our) apo	nion death accurred an the date and have	
22b. SIGNATURE		DEGREE		22c. DATE SIGNED
adely	: A-malling	M J ATTENDIN		7/5/87
22d. PHYSICIAN'S NAME (T	PE OR PRINT)	22e ADDRESS		
A. Mallonga	. M.D.	Deer's Hes	ad Center; Salisbur	y, Md. 21801
230 BURIAL, CREMATION, REMOV	· · · · · · · · · · · · · · · · · · ·	C. NAME OF CEMETERY OR CREMATO		COUNTY CLASE
(SPECIFY) Burial	July 11,198	7 Federal Hill	Cem. Federalsbu	
			DATE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE
Framptom-Haw!	kins F.H., 216	N. Main St.	And America	Director Kadadi

DHMH - 16 60M 7/84

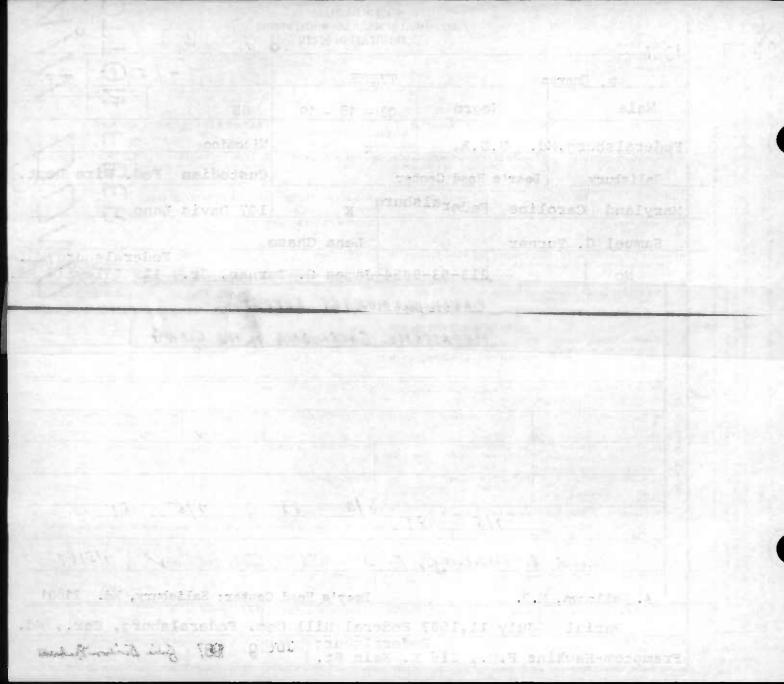
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place, cemave carban papers. Pages 1 and 2 should be filled within 72 haurs after death with the State Dept. of Health and Mental Hygiene prior to the comption, or removal.

vent, the medical exam

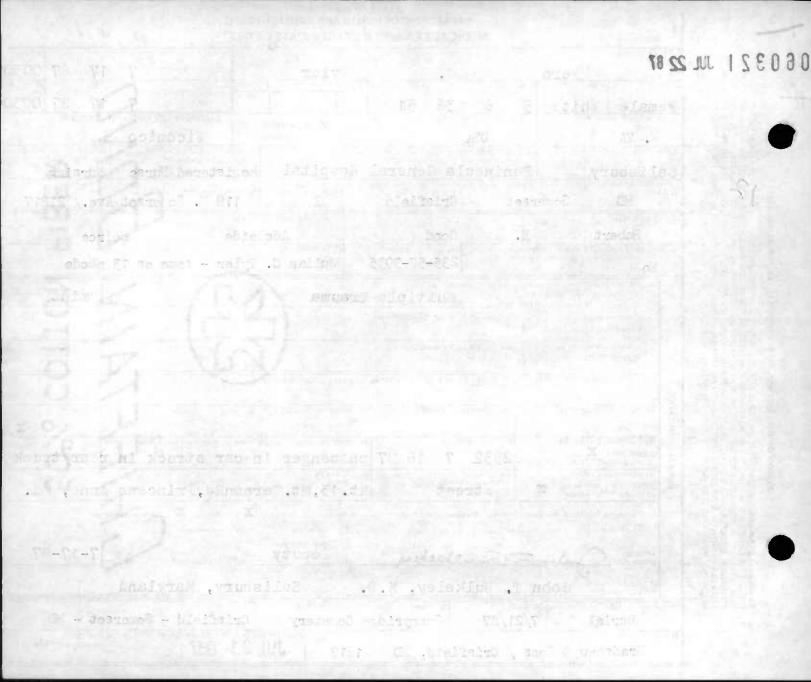
certificate be executed within 24 haurs after death. Page 4 may be

FQR

(VRA 15, 4)



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16a. WAS DECEASED EVER IN U.S. AR/											17 INFORMANT ADDRESS										
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BE EXE NDING NEDICA AS A BL	SREMA"	NO																			
DE LE	AL, AE	CAT	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20.	AUTOPSY?								
SSE												YES NO X									
216 EXTERNAL CAUSE WAS 216 TO THE PROPERTY INC.								TIME OF INJURY 118 AM. MONTH DAY YEAR								The state of the s					
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CONTRACTOR OF THE PROPERTY OF	TO MEDICAL EXAMINER: THIS CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WOORD "PENDING" IN PEROIL IN TEAM 18. GIVE PAGES 14. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETIRE PAGES 19 FOR 100 FORWARD DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE PRICED WITHIN	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IB. GIVE PAGES 1, 2, 3, 3, 9, 11, 12, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PENCIL IN ITEM 18. 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IF TO FUNERAL DORN WAS A BURIAL. TRANSIT PERMIT. PAGES I AND 2 SHOULD BE USED AS A BURIAL. TRANSIT PER	TO FUNERAL DESIGNATION OF DEATH PART I DEATH AND MENTAL HER DEATH. IT PART I DEATH AND MENTAL HAS DE	3. SEX Female First Ferm S. SEX Female First Ferm Ferm S. SEX Female First Ferm First Ferm Ferm Ferm Ferm First Ferm Ferm First First Ferm First Ferm First Ferm First Fir	3. SEX REGISTAR REGIS	Term 3. Sex 4. Race 5. Date of Birth	REGISTRAR TOPIC PRINT PROBLEM PROBLEM	1. STATE REGISTRAR 1. STATE REGISTRAR 1. STATE REGISTRAR 1. DECASSED NAME 1. DEC	DEPARTMENT OF HEALT MEDICAL EXAMINER'S STATE REGISTRA RE	FOR BESTATE REGISTRAR DEPARTMENT OF HEALTH AND MEDICAL EXAMINER'S CERTI 1. SEX Female 1. SEX 1. 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STATE OF MARYLAND

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MPORTANT # #

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE REGISTRAR

I. DECEASED NAME

3. SEX

FIRST

John

MIDDLE

A.

STATE OF MARYLAND

LAST

Walker

DEPA

RTMENT	OF HEALTH	AND	MENTAL	HYGIEN	IE .	
CEI	RTIFICATE	OF	DEATH	2	1	DCC

July 16, 1987

2h HOUR

DAY

							9	M
SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	
	Male	white	Dec.	3, 1912 YEAR	74 YRS		HOURS	MIN.
. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	K NEVER MARRIED	9 BALTIMORE CITY OR COUN			
_	ennsylvania	USA	WIDOWE		Wicomico Count	y		MD.
C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND O	F BUSINE	
-	Salisbury	Deer's Head C			retired - Ra	adio		
	AL RESIDENCE (IF NURSING HOME O STATE 136 COU			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DE 2	183	127
Ma	aryland Word	cester Pocom	oke	YES NO	906 Lynnhay	zen bri	ve.A	pt.
FA	ATHER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NAM	ME	LAS	,	
	James		lker	Mary		Fergus		
	VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166. SOCIAL	SECURITY NO.	17. INFORMANT	906 Lynnh			+ 27
(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 064-	16-0368	Dorothy Wa	alker Pocomo	aven Di ke City		
		nly one couse per line for initial	st, and text	10	4	APPROXI- BETWEEN	MATE INTER	VAL
	PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	aligu	aut (ac	hex19			
		DUE TO, OR AS A CONS	EQUENTEDE	D -1		,		
	Canditions, if any, which	(CYCI	un ma	al Kundar	us sinus wit	t		
	gave rise to immediate cause (a), stating the	(0)		111	historistas 15			
	underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	IVEN IN PART 10		==
200	SIP Radi	cal nack di	ssection	'	adiation the	rapy.		
3	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		YES, WERE INDIN		
=						YES [NO [
Ě	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM)	B PART 1 OR PART 2)		
A	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	010 = 7.20				
2	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION				
ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	51	TATE
	220 I certify that (I) (this hosp	ital) attended the deceased f	rom	, 19	, to	. 19	that (1) (w	re) lost
	saw the deceased alive at		.19, or	nd that in (my) (aur) apinion (death occurred on the date and h	our and Irom the	couses sta	ted
	22b. SIGNATURE	ot) view the body after death.		DEGREE		22c. DATE	SIGNED	
	IV/	Shortho		ATTENDING	MEDICAL STAFF	71	1/ 0	-
	224. PHYSICIAN'S NAME TYPE			22e ADDRESS	DIRECTOR PHYSICIAN	1 . /	6.0	/
		Shrestha, M.D.			Center, Salisbur	cy. MD. 2	21801	
la F	BURIAL, CREMATION, REMOVAL		131 NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	XXXXXX	7/17/87			CITY OR TOWN	COUNTY	ST	ATE
-	JNERAL DIRECTOR	1/1/01	Dalisi	July Clemato	Salisbury	WICOM:	LCO	Md.
-	" NAME of MA.	ADD				Deviden	Randas	
_	sund 2. 1118	Lery Pocomok	e City	, Md.	0 1001			

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71635				No IVI

eral director, page 3 72 hours ofter death

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

21710

20	R 7	REGISTRAR		CERTIFI	TEATE OF BEATH O	REG. NO.	
64		CEASED NAME FIRST	T MIDDLE	· L	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE	Sar Sar	ah L.	Wal	lken	Tu/x 25,	1987 1:28 Am
	3. SE)	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	3	Female	White	Jan	· 13, 1895	92 yr	MONTHS DAYS HOURS MIN.
4	7a. 811	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D	9. BALTIMORE CITY OR COU	NTY OF DEATH
2		ew"Castle D	o.b.n.	WIDOWE	40	Wicomico	MD.
0		lisbury	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Peninsula General	T ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Postmaster	ngues Postal Serv.
5	₩5UA 13a. S	AL RESIDENCE (IF NURSING HO STATE Md. 13b. C	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE BOY WICOMICO BETTIN	RE ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C	CODE 1X 584 21811
5	14. FA	THER'S NAME FIRST John L	e vey		15. MOTHER'S MAIDEN NAM		
		VAS DECEASED EVER IN U.S	S. ARMED FORCES? 16b. SOCIAL SEC 222-12		June Cole	2312 Henlope	n Ave.
		PART I. DEATH WAS CA	rer only one couse per line for (a), (b), o AUSED BY:	- all de	sculos collass	Wilmington,	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH SO YULL
		Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying cause los	DUE TO, OR AS A CONSEQU	JENCE OF	25/5 NOT PELATED TO THE JERM	inal disease or condition	140 MS.
	TION	possi		-	ulas Coaxillation		
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF	F YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	DE DEATH HOUR A.M. MONTH	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN 17EM	18 PART I OR PART?)
	MEC	WHILE NOT WHILE AT WORK	TAT MOME STREET EACTORY OFFICE	FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
1		220.1 certify that (I) (this	hospitol) ottegded the deceosed from 19- id (gh) view the body ofter death.		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN (F	death occurred on the date and	hour and from the causes stated 22c DATE SIGNED
			IL KASIENCES		220 MODRESS SOUTHERSET /	MEDICAL GENTE	of ho bex 640 MD.
	(BURIAL, CREMATION, REMO	7-27-87	Chris	tiana Pres.	Christian	
	24 FL	UNERALDIREZIOCH F	uneral Home No	rth E	last, Md 250 DATE	REC'D. BY REGISTRAR 25b. REG	GISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

MPORTANT: If them 21 is morked or thempton

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060897 JUL 28

77	FOR STATE REGISTRAR			DEPARTN	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE	o. 2	17	4.1
	CEASED NAME OR PRINT)	Edna		zabeth	WA	Valler PLLER	20 DATE OF DEATH	NONTH DA	1987	26 FOUR
SE	Female		I. RACE Wh	nite	5. DATE O	09 DAY 1900 FAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN
-	RTHPLACE (STATE COUNTRY) lisbury, M			VHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF WICOMICO	R COUNTY C	FDEATH	
	ty or town of the lisbury			iospital, nursin Laci Gener a		pital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Seamstre	OF WORKING LIFE)	126 KIND OF INDUSTRY Shirt N	Atfg. C
0. 5	AL RESIDENCE (# N STATE Maryland	136 COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Salisbur	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	all Sfre	et 2	1801
FA	John	Frank	ipple c lin	Jurcell		15. MOTHER'S MAIDEN NAM	Elizabet	h	Marve	el
	VAS DECEASED EV YES, NO OR UNKNOWN)		AED FORCES? WAR OR DATES!	214-10-		17 INFORMANT Lind 201 Shadowla	la W. Holder wn Dr., Jame	S(Grandestown,	ldaught	27282
		WAS CAUSED		line forty), (b), one		nic Shoc	L		BETWEEN ON	NATE INTERVAL
	Conditions, if o gove rise to couse (o), sto	ny, which immediate ating the	DUE TO, OF	AS A CONSEQUE	fe.	Myo card	Int.	ive?		
2	PART 2 OTHER S		(c)ONDITIONS CO	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1/0	
	190 DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING NG CAUSES C	
210, ACCIDENT WAS UNDERLYING TO THE OF INJURY OR CONTRIBUTING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.			Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	I 1 OR PART 2)			
MED	21d INJURY OCC	JRRED	21e. PLACE (OF INJURY SET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE

22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did) hat 226. SIGNATURE DEGREE 224. DATE, SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN 7/21/87 ATTENDING

22d. PHYSICIAN'S HA AFFETTO

22e ADDRE

Salisbury, Maryland 21801

MPORTANT: If Hem 21 is marked at Item 230 BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

7/24/1987

23c. NAME OF CEMETERY OR CREMATORY
Parsons Cemetery

Salisbury, Wicomico, Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

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1	1	FOR			DEPAR	RTMENT OF H	EALTH AND ME	NTAL HYG	IENE						
-		STATE REGI <u>STR</u> AR				CERTIF	ICATE OF DE	ATH	8 7	REG. NO	2	1 /	,	1 2	
J	UDEQ	24 SEU NAME	FIRST		NIDDLE	L.	AST		20. DATE OF D		6.408	DAY YEA	R 1	26 HOUR	_
	(TYPE	OR PRINTI	CHAR	1=e	2	11141	Tehock			07-	n -	87		145/	0.
	3. SEX			RACE	U	5. DATE C			6 AGE (IN YEAR	RS LAST BIRTH	HDAY)	IF UNDER 1 Y	EAR	IF UNDER 24 H	IRS.
				Y4F1- 2	4.	MONTH		YEAR	00			MONTHS D	ATS	HOURS M	NIN.
3	3-F D 10	Male RIHPLACE (STATE OR F	ODS ICAL 7h	Whi	LTE WHAT COUNTR	Dec.	18, 1	898	9 BALTIMORE	CITYOR	YRS	OF DEAT			
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7	5	Alichip.	1		HEACHITY, GIVESTE	IN GI	in Home	9	Water		WORKING LIF	E) INDUS	RY		
		L RESIDENCE (IF NURS		ER INSTITUTION	GIVE RESIDENCE BEF		7			-			-	210	71
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-	14. FA	THER'S NAME	4400	nut.	1007		15 MOTHER'S M			MIDDLE					
0		J.FIRST	Lafaj	rette	Whi	telock	01	ive		WIDDLE	Arm	iger	LAST		
7		AS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMANT	ī		ADDRES	SS			Md.	
	(Y	NO.	(IF YES GIVE W	AR OR DATES)	212-1	6-1858	George	e Wil	liam W	hit	eloc	k. S	alf		rv
001		18 CAUSE OF DEAT	H Enter only o	one course per						,		_		ATE INTERVAL	_
		PART I. DEATH W	AS CAUSED B	Υ:	Cin	do	Resp	A	nnes	+		BC144	THE	OL) MIDDLE	
			IMMEDIATE C				0								
		Conditions, if ony,	udetale (DUE TO, OF	AS A CONSE	DENCE OF	0 -	120	5e						
		gove rise to imr	nediote	(b)	/ 4				/						
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		DART 2 OTHER CICA	UE ICANIT CON	(c)	ALTRIDITINIC T	O DE ATH BUT	NOT DELATED TO	D THE TERM	DIAL DISEASE S	2000	TION Ch	511 01 010	T)		_
	z	PART 2 OTHER SIGN	VIFICANT CON	ADITIONS CC	NIKIBUTING I	O DEATH BUT	NOT RELATED TO) IHE IEKMI	INAL DISEASE C	OK COND	IIION GIV	EN IN PAK	1 110		
4	CERTIFICATION	19a DATE OF OPERA	LION	TION CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORM	AED	1 20a AUTOPS	C 2 2	20h IF VES	. WERE FIN	JOING	SE LISED	
9	FIC	DATE OF CITER	1014	178. CONDI	TION TOK WITH	CHOPERATIO	V ASTERIOR	, LED	3 1 2 2 2	7	IN CERTIF	YING CAU		F DEATH?	
_	RT	210 ACCIDENT WAS UNE	Thirthic T	21b. TIME O	T IN LILIDY		11. HOW IN III	DV OCCUPD		10[]		S 🗌		NO 🗌	
		OR CONTRIBUTING	-		M. MONTH	DAY YEAR	ZIE. HOW INJU	INT OCCURR	ED (ENTER NATUE	RE OF INJURY	IN ITEM IB P	ART I OR PART	21		
	V	(IF EITHER NOTIFY MEDI	CALEXAMINER)	P./	۸.	19									
	MEDICAL	21d INJURY OCCUR	RED	218 PLACE C	OF INJURY	F FARM FTC)	21f LOCATION STREET			CITY OR TOW	/N	COUNT	r	STATE	
	2	AT WORK NOT WE	RK			7 .		V 5		,		0 -	7		
		22a I certify that (1)	(this hospital)	offended the	deceased from	n 6	-6	190		-/	0	19.	th	at (II (we)	lost
		sow the decease obove, (I) (we) (c	did) (did not) v	iew the body	ofter death	, or	d that in (my) (o	ur) opinion c	death occurred a	on the dot	te and hou	ond from	the co	uses stated	1
		226. SIGNATURE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				DEGREE					22c. D	ATE SI	IGNED	
		12	22-	L	7	ME		YSICIAN A	MEDICAL	STAFF		7	-/	1-4	7
		228. PHYSICIAN'S N	W				22e ADDDESS				7	2			
			+D	41-			1 3	B	1.	. (7	- 1	30	-	1.	

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 7/12/87 23c. NAME OF CEMETERY OR CREMATORY Rock Creek

24 FUNERAL DIRECTOR

Princess Anne Md

Chance, Semerset, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 17 1987 Julia Dander Canada

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: should be detached for ur with the State Dept. of He MPORTANT: If He

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STATE OF MARYLAND

DEP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CE	RTI	FICATE	OF	DEATH	1.3

FOR STATE REGISTRAR			EALTH AND MENTAL HYG	IENE REG. NO	7) 1	, 1	- 9
DICEASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	2h HOUR
(TYPE OR PRINT) MILDRE	ED M.	WILLIA	MS		07 19	87	4:20P M
3. SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY) IF UND	ER I YEAR	IF UNDER 24 HRS
Female	White	MONTH 06	09 ^{DAY} 1907	80	YRS	DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT O	OUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O WICOMICO	R COUNTY OF D	EATH	MD
SALISBURY		AL, NURSING HOME C V. GIVE STREET ADDRESS) NURSING HO	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LIFE) IN	KIND OF DUSTRY	BUSINESS OR
	NTY 13c. CIT		13d. INSIDE CITY LIMITS?	627 Priscill	zip code a Street	21	1801
George	MIPDLE	Turpin	Irene Irene	WIDDLE			mmers
160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GT	and the same of th	4-28-8505	1204 Orchar	gret Mumford d'Circle, Sal	d (Daugh	ter)	21801
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A (CONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN	PART I/o	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WER		
OR CONTRIBUTION CAUSE OF OF	HOUR A.M. M	RY ONTH DAY YEAR	21c. HOW INJURY OCCURE	YES NO C	YES	RPART ?)	ио 🗍
ORCONTROLLERAMINE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJU		21f LOCATION STREET	CITY OR TO	WN (1	DUNTY	STATE
220.1 certify that (I) (this hosp	ital) attended the decea	19 87 , or	nd that in (my) (terr) opinion (death occurred on the de		from the co	
ATT. PRYSICIAL PLANT ITYPE	ables			MEDICAL STAF	F	7/2	187
	OSLFY, M. D.		RT. 50 & Ci	vic AVE., S.	ALISBURY	, MD.	21801
230 BURIAL, CREMATION, REMOVAL (SPECIFY)	07/22/19		s Cemetery	23d LOCATION GITY OR TOWN Salisbur	y, Wicom	ico, M	MarÿTan

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion should be detoched for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physicion.

BP.

injury, or other troumotic

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

Par funeral Director Holloway Funeral Home, P. Anges Salisbury, Maryland JUL 21 1987 Julia Davidson.

011	70	1.	FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. NO	2 1 7	1 4
D-4-1			CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
may be	e o	(TYPE	OR PRINT) Willia	m Gilbert	Wi	Mams, Jr.	Ju	dy 1, 1987	2228 m
ma)	ter d	3. SE.	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY FUNDER TYEAR	IF UNDER 24 HRS
Page 4 I	hours ofter		male	white	Aug.	23, 1923	63	YRS.	HOURS MIN.
# 5	7 6 7		RTHPLACE ISTATE OR FOREIGN COUNTRY) Tth Carolina	7b. CITIZEN OF WHAT COUNTRY	2 8	D NEVER MARRIED	9. BALTIMORE CITY OF WICOMICO	R COUNTY OF DEATH	MD.
ě e	filed within	10. C	ty or town of death lisbury	11. Name of Hospital, Nursi Peninsula: Genete	NG HOME O	or other institution spital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Tavern Own	WORKING LIFE) INDUSTRY	of BUSINESS OR Lounge&
Zt heurs	en a pe	13a S	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		
17	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		THER'S NAME FIRST	MIDDLE LAST	-	15. MOTHER'S MAIDEN NAM	ME MIDDLE	LA	
uted	9	140.3	William Gi	.lbert Williams		Bessie	Beatric		
be exec	Sedie Co	(VE WAR OR DATES!		W.G. William	623	01d Ocean (311
rtificate physicia	removal.		PART I. DEATH WAS CAUSE	aly one cause per line for (a), (b), or BY: TE CAUSE (a)	pum.	onnel ARRES			onset and death
death ce attending	nove corbe ration, or n traumatic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	JENCE OF	Stomach	CANCER	mo	nshs
that the	il, crem		couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF				
equires on signe	Then p ta bur njury, e	NO	Malnutit	conditions contributing to	DEATH BUT	FALLURE	NAL DISEASE OR COND	DITION GIVEN IN PART 1	0
an. hos bee	Hygiene prior	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	
ICIAN: T g physici ertificate	entol Hygier lifem 18 shav		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PART 2)	
affending ter this c	e as the bur olth and Me marked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE.		216 LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
TENDIN or or TOR: Af	or use of af Health			ital) attended the deceased from. 19 19 view the body after death.	, 0	nd that in (my) (aur) opinion o	, to leath occurred on the do		that (I) (we) lost
AL OR AT	te Dept.		22b. SIGNATURE	Sauce Starter death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F 7	SIGNED 7
O HOSPITAL etained by 11	whold be a sith the Str. MPORTAN		JOHN B	ARTROVILLET		EASI CA	roce 8	f, Salisbury	7, Md.2180
To the	2.1.5	23o I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP			Burial	July 5, 1987	Evers	reen Cemetery	Berlin	Worcester	Md.
DHMH - 16	60M 7/84	24 FI	JNERAL DIRECTOR	108 William	-	25a D 616	0 6 1987	256. REGISTRAR'S SIGNA	D. SALS
(VRA	15. 4)		17 17.41. D1	D 7: 161	0101	1 11111	0 0 1301	Julia digregation	Same Comment

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires thought death certificate be executed within 24 hours. Her death. Page 4 may retained by the hospital or ottending physician.	TD FUNERAL DIRECTOR, After this certificate has been signed by the ottending physical and completely find the transfer and another the burief transit permit. Then please remove corbon approximately made a benefit and Award Hanna principle for the plant of the burief o
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	TO HOSFITAL OR ATTENDING PHYSICIAN: The low requires that the death certifical manner by the hospital or ottending physician.	TD FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physical and compared hours as the burial-transit permit. Then please remove corban appets. Figure 1 miles the Dark of Mandal Mandal Mandal Propers and the human of the mandal and the property of the property

		CEASED NAME FIRST OR PRINT) Edward	Milton	CERTIFICATE OF DEATH WILLING	REGINO.	DAY YEAR 26 HOUR 9, 1987 141
	3. SE	Male	White	June 22, 1914	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	# UNDER LYEAR IF UNDER 2
135		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNT Wicomico	Y OF DEATH
80	Sa	TY OR TOWN OF DEATH Lisbury	Peninsula Genera	al Hospital	TYPE OF WORKED FOR MOST OF WORKING L	126 KIND OF BUSINES INDUSTRY
BS	13a S	aryland Scool	or other institution, give residence before JNTY OR TOW Chance	YES NO X	13e, STREET ADDRESS / ZIP COD	21816
190		THER'S NAME FIRST Edward	Willing Willing	15. MOTHER'S MAIDEN NAV	Mae	Horner
12		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C		-3349 Elsie Park	ADDRESS AS, Chance, Md	
prior to burial, cremetrour on y injury, or other froum	CERTIFICATION	gave rise to immediate cause Io1, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 206. IF YE	VEN IN PART TIO S, WERE FINDINGS USED FYING CAUSES OF DEATH
ar Item 18 shows	MEDICAL CERTIFI	7 - 9 - V 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF BITHER NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211. LOCATION		ES NO
and	¥	saw the deceased alivers	pital) attended the deceased from	7-7 19-87 2 and that in (my) (our) opinion of OEGREE	death occurred on the date and ho	19. \$2. that (I) (w
MPORTANT II Item 21 is mort		THE PHYSICIAN'S NAME IVE	ARNEY	PHYSICIAN 2		

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8	FOR 1 - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE	
59885 JUL	7 RTGISTRAR	WIDDLE	CERTIFICATE OF DEATH	REGINO.	10
ay be boge 3 death	1. DECEASED NAME FIRST (TYPE OR PRINT) CATHO	Rine H.	Winder	June 25	1987 1759 M
4 may ar, po after d	3. SEX	4 RACE	S. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
age 4	Female 7a. BIRTHPLACE (STATE OR FOREIGN	Negro 7b. CITIZEN OF WHAT COUNTRY	March 9, 1909	78 YRS	
death. P	Laurel, Del.	U.S.A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	Wicomico	MD.
rs after dec	Salisbury	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Peninsula Gener		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Seamstress	126 KIND OF BUSINESS OR INDUSTRY Clothing
ND 213	Delaware Su	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13c. CITY OR TOVE	YES NO X	13e STREET ADDRESS / ZIP CODE Todd Trailer C	Court ES
markta ed within and 2 sha	William Col	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST Alice Joi	hnson	LAST
be execut on and co	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)	GIVE WAR OR DATES)	JRITY NO. 17 INFORMANT -3732 Evelyn Gi	ADDRESS Seaf lliam, Todd Tra	ord, Del.
physicio no papers:	PART 1. DEATH WAS CAU	only one cause per line for (a), (b), a		AKKST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN. The law requires that the death certifur attending physician. Wher this certificate has been signed by the attending ph as the burial-transit permit. Then please remove carbon ph and Mental Hygiene prior to burial, cremation, or remain and Mental Hygiene prior to burial, cremation, or remain and mental Hygiene prior to burial, cremation, or remain and mental Hygiene prior to burial, cremation, or remain and mental Hygiene prior to burial, crematically and mental Hygiene prior to burial, crematically and mental Hygiene prior to burial, crematically and mental Hygiene prior to burial to bu		(0)		CCIDES MINAL DISEASE OR CONDITION GIVE	N IN PART 1101
he low recon no. has been to permit. There prior to come only in the composition of the c	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
SION OF VITAL RI PHYSICIAN, The It ending physician. this certificate has the buriol-transit per ad Mental Hygiene d or frem 18 shows	00 00 170 10 10 10 00	DEMIN .	21 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB PAS	H I ORPART 2)
IVISION JOS PHYS offer this offer this offer the bund Me inked or h	WHILE OUT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CHYORTOWN	COUNTY STATE
OR ATTENDO Phospital on Ched for use Ched for use Oppt, of Head	saw the deceased alive	pital) attended the deceosed from. 19_ not) view the body after death.	DEGREE ATTENDING	deoth occurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	ond from the causes stated 22c DATE SIGNED
TO HOSPITAL OF HOSPITAL OF FEBRUAR Should be deto with the Store Elimphornant: if	22d. PHYSICIAN'S NAME III Fred Kahi		701 Middle	ford Dd Confor	d Dol 1007
To or short	230. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	eford Rd. Seafor	1, Del. 1997.
BP	(SPECIFY) Buria:	July 1,1987	St. Matthews Co		sex, Del.
DHMH 16 60M 7/84 (VRA 15, 4)	74 FUNERAL DIRECTOR Framptom-Hawl	ins F.H., 216	Federalsburg 750 DA N. Main St.	1 4 1987 Standard	AR'S SIGNATURE

AND TO SELECT THE SECOND

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Edited, Del. D.S.A. Signatures Surger Senford A Told Trailer Court ES William Colbourns Alice Johnson Senford, Del. No (222-09-3712 Evelya Silliam, Yold Trailer Court LALADIAN AND AND AND AND AND AND AND AND AND A			an interest	
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1						STAT	E OF MARYLAND				
JUL	1	FÖR STATE			DEPART		EALTH AND MENTAL HYG	GIENE		7 1	1
	REGISTRAR CERTIFICATE OF DEATH 8 / REG. NO. 1									1	
		CE ASED NAME	FIRST	A	AIDDI E	ı	(WINST.CW) .	20. DATE OF DEATH		DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	RGARE	T E		WI	NSLOW	JULY	1:19	87	0650M
- 4	3. SE)	X	4	RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		White		Feb.	24, 1910	77	YRS		HODRS MIN.
5	70. BIRTHPLACE (STATE OF FOREIGN TO. CITIZEN O				WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY WICOMICO	OR COUNT	Y OF DEATH	MD.
0	Sa	lisbury	I	Peninsu	la Gener	al ^{re} Hos	spital	128 USUAL OCCUPA (TYPE OF WORK FOR MOS Secretar	T OF WORKING 1	12b. KIND O INDUSTRY State	of MD
5	136. 9	MD	NG HOME OR O 136 COUNT Wicom	Y	131. CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS Rt. 50 &	S/ZIP COD	Ave./ 2	1801
)/	14. FA	THER'S NAME Edward	L.	C.	LAST		15. MOTHER'S MAIDEN NA FIRST EVA.	MIDDLE		Brown LAST	1
	16s V	VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS Rt.	1 - Box	x 156
	,	YES NO OR UNKNOWN)	(IF TES, GIVE	WAR OR DATES	215-01-	-7748	Virginia L.		Westo		21871
		18 CAUSE OF DEATH	1 (Enter only	one cause per	line far (a), (b), a	nd (c).)		34.4			MATE INTERVAL
		PART I. DEATH W.	AS CAUSED IMMEDIATE		4	Ispira	two oncurs	notes			
			MANAGEDIATE								
		Canditions, if any,	which	DUE TO, OR AS A CONSEQUENCE OF CVA							
2		gave rise to imm	nediate)							
		cause (o), stating underlying couse	lost.	DUE TO, OR AS A CONSEQUENCE OF							
		DADT 2 OTHER CICA	HEICANIT CO	(c)	ONIT DIRLITING TO	DE ATM BUT	NOT RELATED TO THE TERM	ALMAN DISC ASS OR CO	NOTION C	VEN IN BART 1	
610	Z	PART 2. OTHER SIGN	HIFICAINT CC	DIADITIONS <u>CC</u>	DIVINIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CC	NOTITION GI	VEN IN PART TIC	
7	ATIC	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		196. CONDITION FOR WHICH OPERATION WAS PERFORMED			20s AUTOPSY?	20b. IF YE	S, WERE FINDIN	IGS USED	
9	FIC	DATE OF GREAT		170.001	TOTAL ON THIS	0	WAGTEN OMNED		IN CERTI	FYING CAUSES	OF DEATH?
1	E	21g. ACCIDENT WAS UND	ERLYING 🔲	21b. TIME O	F IN HIDY		21c. HOW INJURY OCCUR	YES NO		ES 🗍	NO 🗌
0		OR CONTRIBUTING C			M. MONTH	DAY YEAR	ZIC TIOW WYJOKI OCCOR	KED (ENIER NATURE OF IN	JURT IN HEM 18	PART I OR PART 2)	
1	5 .	(IF EITHER, NOTIFY MEDIC		P./		19					
	MEDICAL	21d. INJURY OCCURR		21e. PLACE (OF INJURY EET, FACTORY, OFFICE	FARM ETC 1	21f LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
		AT WORK AT WOR	K					7 7-	,	97	
		22s.1 certify that (1)		il) attended the	e degased fram	D76-	19 5,	, to	, , , , , ,		that (l) (we) last
		saw the decease abave, (I) (we) (d	id alive an_ id) (did not)		after death.	0 /	nd that in (my) (aur) apinion	death occurred on the	date and ho		
		22b. SIGNATURE	· W	77.0	1		DEGREE ATTENDING	MEDICAL SI	AFF	220 DATE	SIGNED
		(100	egnis		NK	PHYSICIAN 1	DIRECTOR PHY		1-	1-81
/		22d PHYSICIAN'S NA Charles			M. D.		Mt. Vernon	Rd Prin	CARS A	nne MD	21863
+		1							0000 11	1110, 120	~1000
		BURIAL, CREMATION, 1		7/3/8			EMETERY OR CREMATORY	23d LOCATION Crisfiel	2 0	COUNTY	MOSTATE
	04	Burial	•	1/3/8	51	mmyr1	dge Cemetery		_	merset -	
/B4	24 FL	UNERAL DIRECTOR			ADDRESS			TE REC'D. BY REGISTRA	100	TRAR'S SIGNA	URE
		Bradshaw	& Son	s - Cri	sfield,	MD :	21817	00 1981	Julia 1	Sinder-K	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

. 1						STAT	E OF MARYLAND				
5.		FOR STATE			DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE	1 /	1 8	
	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	RECT	10.		
		CEASED NAME	Offiseto	n Lee Y	Bling	a contract	AST	20. DATE OF DEATH	MONTH DA	Y YEAR 2	b HOUR
	(TYPE	Préston Lee Young PRESTON					SUNG	Tuly	1 1901	7	111150.
	3. SEX		1/2/	4. RACE	_	SDATE	OF BIRTH	6. AGE (IN YEARS LAST B	PIHDAYI II	UNDER LYFAR	F UNDER 24 HRS
	J. JEA	Male		White		ACCIVITY	DAY YEAR		MC	DATS DATS	HOURS MIN.
	7 015			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0	7 23 1907	79	YRS		
6		RTHPLACE (STATE OR F			WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	DR COUNTY C	OF DEATH	
1	Sa	ilisbury, Ma	rylan	d U.S	S.A.	WIDOWE		Wicomico			MD.
6		TY OR TOWN OF DEA	TH	11. NAME OF H	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION OF WORKING LIFE		BUSINESS OR
0	Sal	lisbury		Penins	ula Gener	al Ho	spital	Pipe Fift	er	Nylon	Plant
1	USUA	L RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION,						218	301
5	N	laryland	Wico	mico	Salisbur	V	13d. INSIDE CITY LIMITS?	Route 17 B	5x 39 50	chumake	r Lane
5	_	THER'S NAME				/	15. MOTHER'S MAIDEN NA				
2/		_evin		WIDGLE	Young	a	Sarah	WIDDLE		Griffin	
N					The state of the s			E 1 1 ADD			
		60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)					704 Jackson	Edward No	CR (Exe	cutor)	21801
		Yes	WWI	I	214-10-	7724	704 Juckson	offeer, ours	DULY, IN		
		18 CAUSE OF DEATH	Enter an	ly one cause per	line far (a), (b), and	d (c).				BETWEEN ON	SET AND DEATH
		PART I. DE ATH W		E CAUSE (o)	CARPI	o Pu	LMONARY	ARRES	7		
					R AS A CONSEQUE	NCE OF					
		Canditions, if ony,	which	(15)	CANG.	MES Y	IVE HEAD	ST FAIL	URF		
	6	gave rise to imm	nediate) (6)—							
	-	cause (a), stating underlying couse	last.	DUE TO, OF	A CONSEQUE						
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								LINI DADT 1	
	z	20 CAL	IIFICANT (A A	ZEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COR	IDITION GIVE	N IN PART ITO	
-	CERTIFICATION	MENA	L	A141	9.11			In AUTODEV2	TOOL IF YES	WERE EINIONIO	O LIOS
-1	S ICA	190. DATE OF OPERAT	ION	196. CONDI	b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?		WERE FINDING ING CAUSES O	
1	RTIE							YES NO	YES		NO 🗌
0	U	210. ACCIDENT WAS UND			FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAR	TIOR PART 2)	
1	AL	OR CONTRIBUTING C		(11)		19					
/	MEDICAL	21d. INJURY OCCURR	ED	21e. PLACE			21f LOCATION	CITY OR T	OLANI.	COUNTY	STATE
	Z	WHILE NOT WH	ILE 🗌	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITORI	JWN	COUNTY	STATE
-		22a. I certify that W		tol) ottended the	e deceased from	6-	10 8	10 7 -	1 10	87 th	at (Miwa) last
	- 1	saw the decease	d alive an	7 -	19_4	77.01	nd that in (aur) opinion	death occurred an the o	date and hour	ond from the ca	uses stated
	94	abave, M (we) (d 22b SIGNATURE	id) (did 1 1a	t) view the bady	after death.		DEGREE			22c. DATE SI	
		20 SIGNATURE	•	0 11	1 7	-	A A ATTENDING	MEDICAL STA	AFF	5 /	1/67
3		ens	res	- CKO	unica	1		DIRECTOR PHYS	CIAN	17/1	11 +-
		22d. PHYSICIAN'S NA		R PRINT)	MD		22e ADDRESS	Outnou Ct-	C = 1: ala	444 2	1901
		Dennia	J. C	hodnicki,	M.D.		LOCUST & C	Quincy Sts.,	Salisbui	ry, Ma. Z	1001
	23a B	URIAL, CREMATION,	REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION			1.4
	(:	SPECIFY) Burial		7/3	/1987	Wicon	mico Memorial	Hark Salis	oury, W	icomico	, Marylan

Holloway Funeral Home, P.A., Salisbury, Maryland

Wicomico Memorial Flark Salisbury, Wicomico, Maryland